

# Roadranger® Extended Protection Plan Registration Form

Reset Form

Instructions on Page 3

## Step 1: Enter owner/dealer information and select Bill to choice:

Bill to Owner	Bill to Dealer	Dealer Code: _____
Owner: _____	Dealer: _____	
Canadian Customers Indicate Billing Preference:	Canadian Dealers Indicate Billing Preference:	
Canadian Currency      US Currency	Canadian Currency      US Currency	
Address: _____	Address: _____	
City: _____	City: _____	
State/Prov: _____ Postal Code: _____	State/Prov: _____ Postal Code: _____	
Phone: _____	Phone: _____	
E-mail: _____	E-mail: _____	

## Step 2: Enter vehicle and component information:

OEM \_\_\_\_\_ Date-In-Service \_\_\_\_\_ Current Odometer \_\_\_\_\_ MI KM  
Chassis VIN (17 characters): \_\_\_\_\_

Vehicle Vocation (Choose one only):

### Line Haul

### Standard Duty

Construction      Recreation Vehicle  
City Delivery      Transit Coach  
Fire Service      School Bus  
Rescue Vehicle

### Severe Duty

Off Highway      Oil Field  
Agriculture      Refuse  
Heavy Haul      Yard Tractor  
Logging      InterCity Bus  
Mining

### HEV

City Delivery  
Construction  
Intercity Bus

### HLA

Refuse

## Step 3: Select desired coverage (check all that apply and provide requested information).

Please refer to the Roadranger® Protection Plan tables for proper coverage.

[Click Here for Tables](#)

**Transmission:**      None      Option #1      Option #2      Option #3 – If selected, please provide:  
Transmission Model: \_\_\_\_\_ Transmission Serial: \_\_\_\_\_

**Clutch:**      None      Option #1      Option #2      Option #3      Option #4 – If selected, please provide:  
Clutch Type:      HD Solo      Easy Pedal      DM Clutch Module      MD Solo      MD SAS      UltraShift PLUS  
                         HD Solo Advantage      Easy Pedal Advantage

**Drive Axle:**      None      Option #1      Option #2      Option #3 – If selected, please provide:  
Axle Model: \_\_\_\_\_ Axle 1 S/N: \_\_\_\_\_ Axle 2 S/N: \_\_\_\_\_ Axle 3 S/N: \_\_\_\_\_  
If you have a Tandem Axle, complete 1 and 2 above and leave 3 blank. If you have a Tridem Axle, complete 1, 2 and 3 above.

**Steer Axle:**      None      Option #1      Option #2      Option #3 – If selected, please provide:  
Axle Model: \_\_\_\_\_ Axle S/N: \_\_\_\_\_

## Step 4:

### Mail, fax or e-mail this completed form to:

Mail to: Eaton Corporation  
c/o 360 Services, Inc.  
12623 Newburgh Road  
Livonia, MI 48150

Fax to: 734-953-8640

E-Mail to:  
Roadrangerprotection@eaton.com

Print

Submit on  
page 2

**Roadranger®**



**EAT•N**

**Do not include payment. An invoice will be mailed to you. Please pay on the invoice only.**

TCWY0750000309

# Roadranger<sup>®</sup> Extended Protection Plan Registration Supplement Order Form



Use this form when ordering multiple VIN's of the same Extended Protection Plan OEM, component models, clutch type included on master order form

	17 - digit VIN	Trans S/N	Drive Axle 1 S/N	Drive Axle 2 S/N	Drive Axle 3 S/N	Steer Axle S/N
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
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31)						
32)						
33)						
34)						
35)						
36)						
37)						
38)						
39)						
40)						

## Instructions to complete the Mail-In Order Form

- To ensure this warranty registration can be processed, please provide complete and accurate answers to ALL information requested on the form. Failure to do so will cause delays in processing.
- For plan coverage options, pricing, exclusions and limitations, reference warranty documents TCWY-0900/0910 on [www.Roadranger.com/warranty](http://www.Roadranger.com/warranty).
- See TCWY-0600 for general warranty information, claim processing procedures and part requirements.

## Product specific instructions / permissible combinations

### TRANSMISSION

Model	Description	Valid Clutch Type	Additional Notes
HEV	Hybrid Electric Vehicle – MD Transmission	Included (select only transmission option)	Only approved vocations listed on form
UltraShift <i>PLUS</i>	Models ending in VCS / VMS / VXP	Included (select only transmission option)	Only approved vocations listed on form
UltraShift <i>PLUS</i>	Models ending in MXP / LAS	Select UltraShift <i>PLUS</i> Clutch	Only approved vocations listed on form

### CLUTCH

Model	Valid Transmission Type
Easy Pedal	HD Manual
HD Solo	HD Manual, Autoshift
DM Clutch	UltraShift
MD Solo	MD
MD SAS	MD
UltraShift <i>PLUS</i>	UltraShift <i>PLUS</i>

### HLA

Model	Description	Additional Notes
HLA	Hydraulic Launch Assist	Only approved vocations listed on form