

USER RESPONSE FORM

Applying to Scott HUD Quick Disconnect Hose Program

SEE IMPORTANT SAFETY NOTICE H/S 6734 DATED 9/26/08 FOR SPECIFIC INFORMATION REGARDING SCBA IDENTIFICATION AND INSPECTION INSTRUCTIONS

PLEASE TYPE OR PRINT

Company/Organization

Shipping Address (**Must include street address for delivery**)

City

State/Province

Zip/Postal Code

Company/Organization Contact Individual, Name and Title

Telephone Number

FAX Number

E-Mail address

Authorized Signature

Number of SCBA requiring replacement hoses _____

Scott Authorized Service Center to complete this Service:

(Scott Authorized Service Center Name)

Please indicate the best time to call if additional information is required

_____AM/PM

For additional information concerning the Scott Low Pressure Connector Clip on Scott NxG2 Self Contained Breathing Apparatus Program or for assistance in identification of Scott AV3000 facepieces in your possession, please contact your Scott Authorized Distributor or SCOTT Technical Support at 1-800-247-7257.

Once you have completed this form, FAX it to SCOTT Health and Safety at 1-704-291-8450 in the United States, or fold and seal as marked and place in U.S. Mail. Outside the United States, fold, seal, apply proper postage and place in mail.