Ref. # [illegible]

REMINGTON ARMS COMPANY, INC.

Trigger Assembly
Special Replacement Program

(A) GUNSMITH

Name _____

Street _____

City, State, Zip _____

Telephone _____
(Area Code)

Control No. [ ][ ][ ][ ][ ][ ]
(For Rem. Use Only)

GUN OWNER

Name _____

Street _____

City, State, Zip _____

Telephone _____
(Area Code)

Control No. [ ][ ][ ][ ][ ][ ]
(For Rem. Use Only)

(B) FIREARMS INFORMATION

Model (Check One)
- ☐ 1. Rem 600
- ☐ 2. Rem 660
- ☐ 3. Mohawk 600
- ☐ 4. XP-100

Caliber (Check One)
- ☐ 1. 222 Rem.
- ☐ 2. 6mm Rem.
- ☐ 3. 243 Win.
- ☐ 4. 308 Win.
- ☐ 5. 6.5mm Rem. Mag.

Caliber (Check One)
- ☐ 6. 350 Rem. Mag.
- ☐ 7. 35 Rem.
- ☐ 8. 223 Rem.
- ☐ 9. 221 Rem. "Fireball"
- ☐ 10. Rechambered

Serial No. [ ][ ][ ][ ][ ][ ][ ]

(C) MODIFICATION INFORMATION

Method Gun Received From Owner:
(Check One)
- ☐ Hand Delivered
- ☐ UPS
- ☐ U.S. Mail
- ☐ Other _____
(Specify)

	Month	Day	Year
Date Gun Received From Owner	[ ][ ]	[ ][ ]	[ ][ ]
Estimated Completion Date	[ ][ ]	[ ][ ]	[ ][ ]

IMPORTANT — This Copy Must Be Completed and Mailed Immediately Upon Receipt of Gun.

PARTS CONTROL COPY
(Completed form to be mailed immediately upon receipt of gun)

3-3, 57

Ref. #

REMINGTON ARMS COMPANY, INC.

Trigger Assembly
Special Replacement Program

(A) GUNSMITH

Name _____

Street _____

City, State, Zip _____

Telephone _____ _____
(Area Code)

Control No. ☐☐☐☐☐☐
(For Rem. Use Only)

GUN OWNER

Name _____

Street _____

City, State, Zip _____

Telephone _____ _____
(Area Code)

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(Check One)
- ☐ Hand Delivered
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- ☐ U.S. Mail
- ☐ Other _____ (Specify)

	Month	Day	Year
Date Gun Received From Owner	☐☐	☐☐	☐☐
Estimated Completion Date	☐☐	☐☐	☐☐

(D) INVOICE DATA

Date Work Completed ☐☐ ☐☐ ☐☐

Charges:
- Modification Charge $5.00
- Transportation
- Other (Detail Below) _____
- Total $ _____

_____ _____
Gunsmith Signature Date

INVOICE COPY
(to be mailed for payment upon completion of work)