



SAF® Tire Pilot Plus™ (TPP) Tire Pressure Management System - All Variants North American (NA) Commercial Warranty



SAF-HOLLAND's Commitment

We warrant each SAF Tire Pilot Plus (TPP) System manufactured after January 1, 2019, when properly installed on your vehicle, and maintained and operated in accordance with our requirements. SAF-HOLLAND® will, at its option repair, replace or reimburse due to defects in material or workmanship. Parts reimbursement is limited to the parts acquisition cost, not to exceed the suggested list price. The cost of labor covered by this warranty includes any reasonable labor expense. Labor reimbursement is based on a published flat rate schedule in conjunction with local labor rates.

Your Responsibilities

You are responsible for proper installation, operation, and maintenance as specified in our applicable publications for SAF CBX and ULX Systems and for using the product in recommended applications within rated capacities. Please reference the SAF Tire Pilot Plus Installation Manual (XL-AS20015BM-en-US) for additional details.

Claims

You are required to obtain prior authorization from an authorized SAF-HOLLAND customer service representative before replacing or returning any part. You are required to retain the product or part claimed to be covered by this warranty and return it to SAF-HOLLAND upon request. You must submit a valid Service Report to have your warranty request considered. **NOTE: See backside of this document for Warranty Request Form.**

Application Limitations

Please reference the SAF Trailer Application Guide noted below for definitions and recommendations:

- XL-MP20033SG-en-US

Exclusions and Limitations

This warranty does not cover coatings and any SAF axle or component that is altered without written permission, or fails, malfunctions or is damaged as a result of accident, abuse, or improper installation, maintenance or use. Warranty excludes normal wear.

THIS WARRANTY IS OUR SOLE WARRANTY IN REGARDS TO THE COVERED SAF AIR RIDE AND MECHANICAL SUSPENSION AND AXLE SYSTEM. WE MAKE NO OTHER WARRANTIES, EXPRESS OR IMPLIED, OR OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL WE BE RESPONSIBLE FOR SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES OF ANY KIND INCLUDING, BUT NOT LIMITED TO TOWING, DOWNTIME, LOST PRODUCTIVITY, CARGO DAMAGE, TAXES, OR ANY OTHER LOSSES OR COST RESULTING FROM A DEFECTIVE COVERED COMPONENT.

Coverage Periods

Tire Pilot Plus Components		On-Highway	Off-Highway Severe Duty
Axle Hose and Spindle Plug Assembly	Parts/Labor	5/5 Years	1/1 Year
Controller Assembly	Parts/Labor	5/5 Years	1/1 Year
Wiring Harness	Parts/Labor	5/5 Years	1/1 Year
Tire Hoses	Parts/Labor	5/5 Years	1/1 Year
Hub Cap Assembly	Parts/Labor	5/5 Years	1/1 Year
Other Components	Parts/Labor	3/1 Years	1/1 Year
Retro Fit Kits			
All Components SAF Axle	Parts/Labor	3/1 Years	1/1 Year
All Components Non SAF Axle	Parts/Labor	1 Year/NA	1 Year/NA

SAF Tire Pilot Plus (TPP) Tire Pressure Management System



Warranty Request Form

USA

SAF-HOLLAND, Inc.
P.O. Box 425
Muskegon, MI USA 49443-0425
Fax: 800.356.3929

CANADA

SAF-HOLLAND, Canada Ltd.
P.O. Box 1639
Woodstock, ON N4S 0A8
Fax: 519.537.7913

INSTRUCTIONS:

- Please complete all of the information requested on this report by filling in all appropriate fields.
- iPhone/iPad users - fillable function only works with Adobe Acrobat app available free in the app store.
- Click [here](#) to submit completed report to SAF-HOLLAND Customer Service, or Click [here](#) to print a copy and fax to one of the numbers listed above.
- On receipt of the report, SAF-HOLLAND will send you a claim number. It is important to keep this claim number as it applies to the complete handling of this transaction, such as inquiries, correspondence, etc.
- You may be required to return claim part(s) or supply for photos for evaluation.
- Submit invoice for payment using the SAF-HOLLAND authorization number.

SAF-HOLLAND USE Only

Claim Number

Reference

COMPANY ADDRESS AND CONTACT PERSON

Contact Company: _____ Contact Name: _____

Street Address: _____

City: _____ State/Prov.: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail Address: _____

VEHICLE OWNER - PURCHASER

Contact Company: _____ Contact Name: _____

Street Address: _____

City: _____ State/Prov.: _____ Zip Code: _____

Phone: _____ E-Mail Address: _____ Vehicle Unit Number: _____

Warranty Information: (refer to attached photos to assist)

Trailer Make: _____ Vin #: _____

Suspension/axle Serial #: _____

Control Box Serial Date Code: _____

Original Tire Pressure Setting (sticker) _____ PSIG

Desired Tire Pressure Setting _____ PSIG

Trailer Configuration - number of axles on TPP system _____

Tire Type - (duals or WBS) _____

Complaint:

Serial Tag, Part Number, and PSI Setting Location

Mechanical Regulator

Electronic Regulator



Failed Part Number: _____ Date of Purchase: _____ Invoice No.: _____

Mileage on Part (if available): _____ In-Service Date: _____ Date of Failure: _____