**SERVICE REQUEST**

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| --- | --- |
| **Name of affected Customer/Company\***  | Click or tap here to enter text. |
| **Name of affected Site/Vessel (IMO Number) \*** | Click or tap here to enter text. |
| **Affected Unit / Block / Product \*** | Click or tap here to enter text. |
| **Unit/Serial#** | Click or tap here to enter text. |
| **Current location / Street/City/Zip/ (LAT/LON) \*** | Click or tap here to enter text. |
| **Country\*** | Click or tap here to enter text. |
|  |
| **Name of your Company\*** | Click or tap here to enter text. |
| **Your first Name, Last Name\*** | Click or tap here to enter text. |
| **Your Email\*** | Click or tap here to enter text. |
| **Your phone number with country code\***  | Click or tap here to enter text. |
|  |
| **Subject\*** | Click or tap here to enter text. |
| **Problem Description / any pertinent Information\***  |
| Click or tap here to enter text. |
| **Customer expectation\***  |  |
| Click or tap here to enter text. |
| **Case Type\*** | Choose an item. |
| **Fault Category\*** | Choose an item. |
| **Fault Code\*** | Click or tap here to enter text. |
| **Severity / Current operational status\*** | Choose an item. |
| **Is Unit/equip under warranty? \*** | Choose an item. |
| **Problem Detected Date\*** | Click or tap here to enter text. |
| **Customer Want Date\*** | Click or tap here to enter text. |

\*Mandatory information for case creation

**Directions to handle this Form**

Please fill in all mandatory fields as accurate as possible (if applicable). Print this file to pdf, then email to: escc.pcs@gevernova.com

You will be provided with a confirmation of your case number after case creation.

Keep the provided case number handy for your reference in case of any questions along with referencing this number in future communications.