

HME, INCORPORATED

Authorized Service Center Manual



Authorized Service Center Service Standards Customer satisfaction is our top priority. HME relies on our authorized service centers to provide the appropriate skill set, equipment, staff and facilities to properly service our products in a manner that demonstrates a caring attitude toward our customers. At the same time, our authorized service centers can expect HME to provide technical support and to continually strive to enhance the quality of support we provide.

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Contact Information

HME, Incorporated

1950 Byron Center Avenue
Wyoming, Michigan 49519
616-534-1463
www.hmetruck.com

Warranty Authorization and Technical Support Customer & Product Support Group

Phone: 616.534.1463
extension(s): 214 or 251

firetruckservice@hmetruck.com

Hours of Operations

Monday – Friday 7:30 a.m. to 4:30 p.m. Eastern Time

Firetruck Aftermarket Parts and Assemblies

Phone: 616.534.1463
extension: 268 or 288

parts@hmetruck.com

Hours of Operations

Monday – Friday 7:30 a.m. to 5:00 p.m. Eastern Time



Quick Reference Page

- **Authorized Service Center Agreement:** A new signed Service Center Agreement will be required at the beginning of each new calendar year. **(page 23)**
- **Invoice requirements:** What is required on all invoices to HME, Inc. **(Chapter 2, page 15)**
- **Contacting Customer & Product Support for technical assistance and Work Authorization Numbers:** Call 616.534.1463 extension(s): 214 or 251. Please have the Job Number when you call. **(Page 2)**
- **Policy and Procedures for Processing Warranty Claims:** All Service Centers/OEM's/Fleet Owners **must contact HME Customer & Product support prior to performing any warranty repair and obtain a work authorization number** (also referred to as a WA#) to be eligible for reimbursement. **(Chapter 2)**
- **Policy and Procedures for Processing Warranty Claims:** The policy is that all claims **must be submitted within 30 days** from the completion of the repair to be eligible for reimbursement. **Claims submitted beyond 30 days will be evaluated for payment consideration on a case by case basis.** **(Chapter 2)**
- **Request for Labor Rate Increase:** This form must be completed and approved before a labor rate increase will take effect. **(page 25)**
- **RMA/RGA Procedures:** Part(s) requested for return **must be received within 30 days** from receipt of invoice. **Payment of invoices is held until parts are returned.** **(Chapter 2, page 13)**
- **Service Center Procedure for Warranty payments – Pre-Repair:** Authorization for repairs will require a cost estimate. Following authorization of a warrantable repair, a Repair Order (RO) is generated and submitted. If it becomes necessary to perform labor or install parts in addition to what was listed in the original estimate, the service center **must call back** for an additional authorization prior to performing additional labor or installation of parts.**(Chapter 2, pages 11)**
- **Service Center Procedure for Warranty payments – Post-Repair:** A descriptive list of repairs including, but not limited to the parts and labor broken down for each failure that were completed and signed by an authorized agent of the service center. The claim must be submitted **within 30 days** from the completion of the repair. **(Chapter 2, page 12)**
- **Travel Policy for Warranty repairs (Chapters 2, page 16)**

Chapter 1

Authorized Service Center Requirements

Following are the requirements to become an Authorized Service Center representing HME, Inc. Please be advised that HME, Inc. reserves the right to modify these requirements. In the event of either a modification and/or amendment to this manual, you will be notified of such change and the effective date.

- Meet and accept all terms and conditions set forth in the HME Service Center Manual.
- Complete credit application and agree to the terms set forth.
- Attend all required HME training to maintain authorized status.
- Be fully insured and meet all state and local requirements for motor vehicle repair, including but not limited to adequate garage keepers coverage.
- Agree to receive warranty parts at no charge, or qualify and agree to the terms and conditions of the Stocking Parts Program.
- Agree to purchase all the necessary tools as needed to service and support its product.
- Work with HME on campaigns and recalls.
- Meet all local and state licensing requirements.
- HME, Inc. will evaluate and approve the service facility, its location and certifications.

Authorized Service Center Service Standards Customer satisfaction is our top priority. We are relying on our authorized service centers to provide the appropriate skill set, equipment, staff and facilities to properly service our products in a manner that demonstrates a caring attitude toward our customers. At the same time, our authorized service centers can expect HME to provide technical support and to continually strive to enhance the quality of support we provide.

HME has developed the Authorized Service Center Standards System to assist in this endeavor. This system, which is part of the Authorized Service Center Evaluation process, is designed to help the service center and HME provide optimum customer service. These standards should be considered the minimum standards to operate.

Technical Training

In an attempt to recruit and maintain qualified technicians, factory technical training is very important to the success of our program as it impacts directly on labor hours incurred, warranty costs and down time for our customers. When reviewing prospective Service Centers and their technicians, the criteria we review are as follows:

1. HME, Inc. encourages some form of technician certification:

- ASE (Automotive Service Excellence Program) – www.asecert.org
(Only mechanical chassis certifications that are nationally recognized)
- State (Some states require state certifications)
- EVT (Emergency Vehicle Technician) – www.evtcc.org
- Factory (Cummins®, CAT®, HME, etc.)

2. Our goal is to work with Service Centers committed to attending HME trainings. **We require Service Centers to attend HME training a minimum of once every three years.**

Verification of certification information is requested on the Dealer Application Form in Appendix A of this Manual. Service Centers that put training and certifications high on their priority list are also high on our list. We realize that some work may require subletting.

We assume your technicians come to training with their own expertise, certifications and experience. We offer chassis specific training jointly with our chassis system/component suppliers. Technicians receive valuable information regarding brakes, hydraulics, suspensions and the electrical system.

As our Service Development commitment states, we are committed to establishing relationships with Service Centers that understand the customer deserves quality work, timely response, and fair pricing.

Credit Terms

Extensions of credit shall be governed by the following terms and conditions:

1. Extensions or credit by HME to the service center shall constitute loans by HME to the service center at the time they are made.
2. It is agreed that your account will be credit card or C.O.D. until references are checked and credit is approved. At that time, your account may become Net 30 days. If and when Net 30 terms are extended, the following applies:
 - Accounts outstanding past 45 days are placed on credit hold until overdue balances are paid. Accounts averaging 45 or more days to pay are in jeopardy of being placed on C.O.D. basis.
 - Customers with a history exceeding 60 days to pay may only make purchases with a company credit card or on a C.O.D. basis.
 - Once terms are established, you will be forwarded notification of your credit limit and customer number.
3. The service center agrees to pay to HME a FINANCE CHARGE on the actual outstanding principal balance on the account during each billing period. HME shall compute the FINANCE CHARGE at the rate of ONE AND ONE-HALF percent (1 1/2 %) above prime per month for all charges that remain unpaid for a period of time in excess of thirty (30) days.
4. It is agreed by the service center that in the event HME is required to place an outstanding and unpaid account in the hands of an attorney for collection, any reasonable expenses incurred in connection therewith, including attorney's fees, shall be borne by the undersigned.

Authorization Status

As noted previously, training is very important to the success of our program as it impacts directly on labor hours incurred, warranty costs and down time for our customers. In an effort to recognize Service Centers that invest in HME training and attend once every three years, these Service Centers will be listed on our website www.firetrucks.com.

Preference will be given to our HME Authorized Service Centers by HME Technicians as they direct customers for service.

Authorized Service Centers receive a larger discount on Parts than Service Centers that have not attended training.

Authorized Service Center TOOL LIST

Below is a list of recommended and optional tools we believe all Service Centers should have to perform chassis repairs.

Our expectation would be that facilities secure the tooling necessary as needed.

RECOMMENDED

- 4 – 15,000 lbs. Portable Lifts
- 4 – 15,000 lbs. Portable Jack Stands
- 1 – 10 ton Floor Air Jack
- 1 – DTS Flow Meter
- 4 – 0-200 PSI Air Gauges
- 1 – Angle Finder, Digital
- 1 – Torque Multiplier
- 1 – Fluke Meter (digital multimeter)
- 1 – Digital Photo Tach
- 1 – Digital Camera
- 1 – Dial Indicator
- 1 – Infrared Thermal Gun
- Multiple Torque Wrenches, various sizes
- Inner Wheel Seal Driver
- Deutsch crimpers
- Weather pack tools
- Pitman Arm/Slack Adjuster tool

RECOMMENDED SOFTWARE

- Cummins Insite Lite[®] – call local Cummins Distributor
- WABCO Toolbox – 1-800-535-5560
- Allison Transmission (DOC) software
- Class1 Es-Key diagnostic software (Contact Class1)

OPTIONAL

- 1 – 4 Wheel Alignment Equipment
- 1 – Brake Lathe
- 1 – Tire Machine
- 1 – Wheel Balancing Equipment
- 1 – AC Recovery Machine
- 1 – Transmission Hoist

OPTIONAL SOFTWARE

- IMMI SRS Diagnostic software (Contact HME warranty)

Chapter 2

Warranty Procedures

Service Center Procedure for Warranty

Following the warranty procedure instructions listed below will ensure prompt and complete payment for services authorized and documented in accordance with this manual.

- Call Customer & Product Support Group personnel to verify the warranty status for the vehicle being repaired.
- **Eligibility for HME limited warranty coverage is dependent upon warranty registration.**
- Submit the online Warranty Claim Request found in the dealer portal to request warranty consideration. If you are not able to use the portal contact HME at 616-534-1463 extension(s) 214 or 251.
- If the repair is deemed warrantable, the Customer & Product Support Group personnel will ship the required parts, no-charge, and issue a Return Material Authorization (RMA) for the defective parts specific to the work authorization (WA#) and repair. If you are an Authorized Stocking Service Center and have the required parts in stock, the Customer Service Technician will mail or email the required RMA to you.
- In the event unneeded material is shipped, a Return Goods Authorization (RGA) will be sent.
- HME **does not** cover administrative expenses. HME will cover reasonable & customary expenses for shop supplies and hazardous waste material disposal, assuming these charges are not built into your labor rate and do not exceed 10% of the overall invoice. Hazardous waste materials are defined as materials that need to be contained and disposed of following local and state laws and that apply to the repair.
- Part kits for campaigns and recalls are shipped no charge and are not eligible for mark-up, regardless of authorization or stocking status.
- The labor hours submitted must match the hours pre-approved, with the understanding that the time allotted may be less than 1.0 hour.
- Always follow the pre-repair requirement guidelines which include contacting HME if the time or materials for the repair exceed the amount estimated or pre-authorized.
- If the invoice exceeds the Authorized amount or time, a new invoice must be submitted reflecting the authorized amount.
- If there is **any time** after the repair order is opened when the unit is not actively under repair and it is safe to operate, the owner **must** be notified that the vehicle is available for use. The owner's response **must** be documented on the repair order **anytime the vehicle is not actively under repair while the repair order is open.**
- **For situations in which vehicles are left at your facility for an extended period, we recommend a statement on your repair order defining when you will perform the repair and a projected completion date. Signatures of the owner and your facility representative will ensure understanding by all parties and prevent future complications.**
- It is strongly recommend that you obtain the owner's signature and close the repair order as soon as the repair is completed. (This step is required in many states).
- When you are asked by the customer to do troubleshooting or diagnostic testing, **the customer must be informed that HME will only reimburse for work if the testing results in a warrantable repair. If no defect or failure is found, the owner must pay for the testing they had requested.** HME will reimburse for troubleshooting and diagnostic testing done at our request prior to or during the repair.
- Complete the **Post-Repair** requirement procedure and submit your claim for reimbursement.

All Service Centers must contact HME Customer & Product Support Group prior to performing any warranty repair and obtain a Work Authorization Number (also referred to as a WA#) to be eligible for reimbursement.

The WA# is provided by HME to support an agreed upon repair time and labor rate. The WA# is an acknowledgement that the chassis or module is within the warranty period or that a policy repair has been approved for payment and that a case has been opened and documented. Please provide the Job Number for the vehicle, current mileage, customer complaint, customer's name and telephone number when you call. The Job Number can be found on the Vehicle VIN tag (see page 17).

Please note the following:

- HME, Inc. will pre-authorize 0.5 hour diagnosis/inspection time for prior to your call for an authorization to repair. If the diagnosis/inspection of the complaint does not reveal a warrantable failure or result in a warrantable repair, **the owner, OEM or Fleet Owner will be responsible for all charges**, including the diagnosis/inspection time.

HME, Inc. policy is that all claims must be submitted within 30 days from the completion of the repair to be eligible for reimbursement. Claims submitted beyond 30 days will be evaluated for payment consideration on a case by case basis. Once HME provides a WA#, repairs are expected to be performed immediately or within an appropriate time period. Invoices are typically paid 30 days from date of receipt (not date of invoice).

HME 616-534-1463

extension(s) 214 or 251	Warranty Authorization
extension 268	Purchasing Parts
extension(s) 214 or 251	Service Development/Training
extension(s) 214 or 251	Technical Assistance
extension(s) 214 or 251	Campaigns/Recalls
extension 272	Billing or Invoicing Questions

Pre-Repair Requirements

1. Authorization for repairs will require an estimate of cost per repair -- Repair Order (RO) after determination of a warrantable repair. This is to include a customer signature verifying the complaint and projected correction.
2. Estimates must contain the following information:
 - The estimate must include the Job Number, the current mileage and the customer name.
 - A list of all parts necessary for the specific job, stocking centers must also include approved parts pricing on the materials that will be invoiced back to HME if applicable.
 - The cost of disassembly, inspection and diagnosis of any portion of the vehicle to determine the extent of the repairs needed.
 - In the event that equivalent materials are sourced locally for any given repair, prior authorization must be obtained for those costs to be considered reimbursable.
 - If any of the replacement parts are rebuilt or reconditioned, this must be specified on the estimate.
 - Current labor cost, showing both the hourly rate of labor (not to exceed your posted customer labor rate) and the estimated number of hours required to perform the work, must be listed.
 - Miscellaneous charges that have pre-approval, such as travel time and hazardous waste materials, must be an actual dollar amount that will be charged (percentages will not be accepted).
 - **If it becomes necessary to perform labor or install parts in addition to what was listed in the original estimate, the service center must call back for an additional authorization prior to performing additional labor or installation of parts.**
 - **Sublet repairs** must be defined and included in the estimate at their actual dollar amount. **There is no mark-up on sublet work. A copy of the sublet bill must be included with the invoice.**
 - Travel costs associated with completing the warranty authorization are covered as outlined in **Chapter 4** of this manual.

HME, Incorporated is based in Michigan, our requirements are drawn from the State of Michigan Repair Facility Manual. The manual can be found at:

<http://www.michigan.gov/sos/0,1607,7-127-49534-123898--,00.html>

Post-Repair Requirements

The final invoice/Repair Order (RO) must include the following information and items:

- Repairs requested by the customer (documented as the complaint.)
- Customer's name, address, telephone number and signature indicating acceptance of repairs.
- The vehicle Job Number (found on VIN tag).
- The invoice must be made out to HME, Inc., not the customer.
- Mileage in and Mileage out.
- The cause and correction for each complaint, including a detailed description of the repairs and service performed.
- A detailed identification of all parts replaced, specifying which parts are new and/or rebuilt.
- The dates the Repair Order was opened and completed. (Date in / Date out)
- The work authorization number from HME must be shown on the final invoice.
- The estimate of repairs, including any or all approved additions to the estimate.
- The actual total charges for all parts and labor involved in the repair, excluding no-charge parts which need to be listed as not charged.
- Miscellaneous charges such as travel time or hazardous materials, shop supply charges must be listed as separate line items and must be shown on the final invoice as the actual dollar amount being charged and must not be part of your base labor rate.
- For approved HME Stocking Service Centers, freight charges relating to parts that are shipped overnight are not reimbursable unless prior approval is obtained.
- A descriptive list of repairs (parts and labor broken down for each failure) completed and signed by an authorized agent of the service center.
- Down time of the vehicle or costs incurred due to the delay of part shipments or any other cause beyond our control are not reimbursable and should not be included on the invoice. This includes, but is not limited to, hotels, meals, car rentals and telephones.
- Any other documentation supporting the claim including a copy of all sublet repair invoices that are noted on the repair order must be provided.
- If your invoice is not submitted within 30 days from the completion of the repair. **Claims submitted beyond 30 days will be evaluated for payment consideration on a case by case basis.**
- Return Material Authorization requirements must be followed to ensure payment of invoice. See **page 13** for RMA process.

RMA / RGA Procedures

HME works diligently to recover warranty parts that need to be returned to our supplier for financial recovery. Our RMA label (Return Material Authorization) starts the process.

There are also occasions where we need to retrieve a new part and return it to the supplier for vendor recovery. This process is known as RGA (Return Goods Authorization.)

At the time the Work Authorization is given, the HME Customer & Product Support Group personnel will inform the Service Center if/and what part(s) must be returned. The Customer & Product Support Group personnel will ship the required replacement warranty parts at no-charge and issue either an RMA for the defective parts specific to the work authorization (WA#) and repair or a RGA may be sent in the event the wrong material was shipped. If you are an Authorized Stocking Service Center and have the required parts in stock, the Customer & Product Support Group personnel will email or mail the required RMA/RGA label to you. Note: The returned material must match the RMA and specific WA# to insure payment of invoice.

The RMA/RGA label is included with the replacement part unless otherwise requested. In the event that you do not receive the label, please contact us and we will mail or email the labels to you.

Part(s) that are requested to be returned to HME must be received within 30 days from receipt of invoice.

The requested returned part(s) must have the appropriate HME provided RMA/RGA label attached to the outside of the shipping package. In the event HME fails to recover the part(s) or if the part(s) are not received within the allotted time frame, HME reserves the right to short pay the invoice the amount of the part(s) and shipping cost. A Warranty Payment Summary will be sent indicating the amount that the claim will be short-paid.

Payment of Invoices will be held until the parts are returned. Therefore, it is important to return the parts using the HME RMA/RGA labels.

RMA No.:	_____
Part No.:	_____
Chassis S/N:	_____
Date:	_____
Return to:	HME, Inc. 1950 Byron Center Avenue Wyoming, MI 49519 Attn: Customer and Product Support

Warranty Repair Workmanship Policy

We believe it is important that your facility, as a HME Authorized Service Center, stand behind the workmanship of every repair. The sharing of your workmanship warranty is a requirement of the authorization process. Additionally, HME requires the steps a customer must follow to comply with your facility's warranty procedures be reasonable and practical.

To comply with this standard, a HME Authorized Service Center must provide a minimum of 90-day workmanship warranty starting from the day the repair is completed. In the event a vehicle must be repaired as a result of your facilities workmanship, you are expected to pay for parts and/or labor as required to implement the repair.

Because of the regional distribution of our customers, it is not always practical for one to return to your shop for the subsequent repair. If follow-up repairs are performed at another service facility, you will be asked for a purchase order (PO) to cover the entire cost of repairs related to your workmanship failure including towing charges.

In the end, fixing the customer with equal conviction as the vehicle itself is a key component to a successful partnership and long standing relationship with all involved parties.

Invoice Requirements

Invoices submitted to HME for authorized repairs or services must list HME, Inc. as the "Bill to" party and contain the following information:

- Work Authorization Number (WA#) given at authorization
- Vehicle Owner's name and address
- Vehicle Job Number
- Repair Date-in / Repair Date-out
- Mileage-in / Mileage-out
- Pump Hours
- Aerial Hours
- For each repair executed under the WA#, the following must be itemized–
 - Complaint
 - Cause
 - Correction
 - Parts
 - Labor
 - Shipping
 - Sublet services (including a copy of the invoice)
- Only one WA# may be included on an invoice.
- Multiple repairs may be authorized under one WA#.
- If the invoice submitted is for multiple repairs authorized under one WA#, each repair must be separately listed.
- No more than one invoice may be submitted per WA#.
- The invoice total must match the total amount authorized against the WA#.

Invoices received within thirty days of the "repair date out" containing the aforementioned information will be paid thirty five days from the date HME receives the invoice.

Invoices received that do not contain the required information will be returned to you and a new invoice must be submitted with the above information.

Invoices received outside of the thirty day period will be evaluated for payment consideration on a case by case basis.

Travel Reimbursement Policy

In an effort to better serve our customers and authorized service centers the following policy has been established. HME will authorize a payment of some travel costs for trucks that are having warranty service performed.

In recognition of our commitment to provide quality customer service and meet the needs of our customer, if travel costs are pre-authorized and deemed payable under this policy, they will be paid as outlined below:

- The service center or the end user will contact the HME Customer & Product Support Group (616-534-1463, extension(s) 214 or 251) and get prior authorization for the anticipated cost.
- The service center will pay the first hour of travel.
- After the first hour of travel, on travel costs that are pre-authorized, HME will pay ½ of your authorized service labor rate.
- HME does not pay for vehicle, fuel or other travel related costs.

To receive payment, travel cost must be identified and approved, in advance, by the HME Customer & Product Support Group and itemized separately on the invoice at the time of submission.

Chapter 3

Warranty Registration Procedures

Registration Requirements

Prior to the Authorized Service Center performing any repairs under the HME, Inc. limited warranty, HME requires verification of the following items:

- Date of delivery to the end user
- Job Number
- Mileage

If the product is not registered, you will be asked to have the owner complete a registration form (**see page 27**) and e-mail it to HME prior to a WA# being issued or warranty repairs being started. Apparatus can also be registered, by the sales representative, electronically in the dealer portal at www.firetrucks.com.

Eligibility for HME limited warranty coverage is dependent upon warranty registration.

Manufactured by HME Incorporated	
November, 2016	
GVWR:	18389 kg (40540 lb)
FRONT:	7502 kg (16540 lb)
TIRE SIZE:	315/80R22.5 / 18 (J)
RIM SIZE:	22.5 x 9.00
PRESSURE:	830/120 KPA/PSI
REAR:	10886 kg (24000 lb)
TIRE SIZE:	11R22.5 / 16 (H)
RIM SIZE:	22.5 x 8.25
PRESSURE:	830/120 KPA/PSI
THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.	
VEHICLE IDENTIFICATION NUMBER: 44KFT4286HW22920	
VEHICLE TYPE CLASSIFICATION: FIREFIGHTING	
JOB NUMBER: 22920	
This apparatus may be covered by one or more of the following U.S. Patents: 9,968,811; 9,782,613; 9,757,601; 9,751,459; 9,677,335; 9,265,979; 7,530,404; 5,327,988; other U.S. Patent(s) Pending.	

Manufactured by HME Incorporated	
November, 2018	
GVWR:	8,845 kg (19,500 lb)
GAWR	
FRONT:	3,175 kg (7000 lb)
TIRE SIZE:	225/70R19.5
RIM SIZE:	19.5 x 6.00
PRESSURE:	655/95 KPA/PSI
REAR:	6,671 kg (14,706 lb)
TIRE SIZE:	225/70R19.5
RIM SIZE:	19.5 x 6.00
PRESSURE:	655/95 KPA/PSI
THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.	
VEHICLE IDENTIFICATION NUMBER: 1FD0W5HT0KEC37101	
VEHICLE TYPE CLASSIFICATION: FIREFIGHTING	
JOB NUMBER: 23247	

Non-Registered (Dealer Stock Unit)

This procedure applies when the unit is at the dealer, in transit to the selling dealer, or in the selling dealer's inventory as a stock unit / demo.

Call 616-534-1463 extension(s) 214 or 251 Customer & Product Support Group personnel will assist you in resolving your concern.

APPENDIX

SERVICE PROVIDER APPLICATION

Service Provider Application Forms

Please complete the forms that follow and return by mail to:

HME, Incorporated
1950 Byron Center Avenue
Wyoming, Michigan 49519
Attn: **Customer & Product Support Group**

or, PDF format to: firetruckservice@hmetruck.com

We look forward to working with your organization through the application and training process as we strive to deliver the highest levels of service in an efficient and professional manner.

Because repairs originate from several different sources, we are collecting information from each entity HME, Incorporated works with – Service Centers and Sales Representatives.

SERVICE PROVIDER CONTACT INFORMATION

Please return to HME Customer & Product Support Group

Date: _____

NAME OF FACILITY: _____
Selling Dealer Service Center

Shipping Address:
 Street: _____ City _____

State _____ Zip _____

Telephone: _____ 800#: _____

Corporate Address:
 Street: _____ City _____

State _____ Zip _____

Telephone: _____ 800#: _____

Web Address: _____

Warranty Claim Payments Should Be Remitted:

Shipping Address Corporate Address

Please complete the following personnel names and email address information for those that apply to your facility. Change titles where appropriate.

General Manager	Service Manager
<i>Name:</i>	<i>Name:</i>
<i>Email:</i>	<i>Email:</i>

Warranty Manager	Parts Manager
<i>Name:</i>	<i>Name:</i>
<i>Email:</i>	<i>Email:</i>

Service Administrator	Accounts Payable
<i>Name:</i>	<i>Name:</i>
<i>Email:</i>	<i>Email:</i>

Posted Customer Labor Rate: \$ _____ / hour
Proposed HME Warranty Labor Rate: \$ _____ / hour

Service Hours:
 Monday – Friday: _____
 Weekends: _____

QUALIFICATIONS AND CERTIFICATIONS

Please check the items below that best represent your personnel and service facilities qualifications and certifications. This will help our training staff in determining the training needs of our Authorized Service Centers.

Category	Trained & Qualified	Repair	Maintenance
Electrical Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulics Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Systems Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABS Brakes Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling Systems Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering/Suspension Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driveline Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignment Heavy Duty Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es-Key (Class1 Multiplexing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allison Transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Axle Repair & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Shop – Frame/Collision/Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Shop – Minor Touch-up Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Shop – Custom Fabrication Capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumps - Hydraulic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cylinders - Hydraulic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Warranty	Repair	Maintenance
Cummins: ISB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hale Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterous Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WS Darley Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	
Pump Testing	<input type="checkbox"/>	<input type="checkbox"/>	
Road Service	<input type="checkbox"/>	<input type="checkbox"/>	
Towing	<input type="checkbox"/>	<input type="checkbox"/>	
Tires – Mounting and balancing	<input type="checkbox"/>	<input type="checkbox"/>	
DTS Flow meter	<input type="checkbox"/>	<input type="checkbox"/>	
Angle finder, digital	<input type="checkbox"/>	<input type="checkbox"/>	
Torque Multiplier	<input type="checkbox"/>	<input type="checkbox"/>	
Fluke digital multimeter	<input type="checkbox"/>	<input type="checkbox"/>	
Dial indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Deutsch crimpers	<input type="checkbox"/>	<input type="checkbox"/>	
Weather pack tools	<input type="checkbox"/>	<input type="checkbox"/>	
Pitman arm/slack adjuster tools	<input type="checkbox"/>	<input type="checkbox"/>	
ASE Certifications	<input type="checkbox"/>	<input type="checkbox"/>	
EVT Certifications	<input type="checkbox"/>	<input type="checkbox"/>	

FACILITY ASSESSMENT

Please complete the following list for all of the items that apply to your facility.

Amenities

<input type="checkbox"/> Customer Internet Access <input type="checkbox"/> Customer Lounge
Customer Trucks Are Stored: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
If stored outdoors is the area fenced and locked: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dedicated Bays <input type="checkbox"/> Jacks <input type="checkbox"/> Hoist <input type="checkbox"/> Pit
<input type="checkbox"/> A/C <input type="checkbox"/> Welding <input type="checkbox"/> Fabrication <input type="checkbox"/> Hydraulic Pumps
Age of Facility: # technicians: # bays: # mobile units:
<i>Specific Accessories / Apparatus Capabilities</i>
<input type="checkbox"/> Lights <input type="checkbox"/> Horns/Sirens <input type="checkbox"/> Radios/Communication Devices
<input type="checkbox"/> Fabricate Shelving <input type="checkbox"/> Striping/Lettering
<input type="checkbox"/> Apparatus PM Service <input type="checkbox"/> Pump Annual Testing Service
<input type="checkbox"/> Aerial Pumps <input type="checkbox"/> Aerial Accessories <input type="checkbox"/> Annual Inspections
Please describe your physical location of facility and description of mobile units:
Please list area attractions:
Digital Photograph of Facility: Please forward digital photos of your facility

CREDIT APPLICATION

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Bus Tel: _____
 Tax ID#: _____ Years in Business: _____ # of Employees: _____

Business Type (check one): Corp Sole Proprietor Partnership
 Owner's Name: _____ VP or Partner: _____
 Accounts Payable Contact: _____ Tel: _____
 Bank Reference: _____ Tel: _____
 Contact: _____

TRADE REFERENCES (3 required)

Name	Telephone	Fax

The party to whom HME, Inc. is requested to extend a Revolving Line of Credit hereunder agrees that such extensions of credit shall be governed by the following terms and conditions:

1. Extensions or credit by HME, Inc. to the undersigned shall constitute loans by HME, Inc. to the undersigned at the time they are made.
2. It is agreed that your account will be credit card or C.O.D. until references are checked and credit is approved. At that time, your account may become Net 30 days. If and when Net 30 terms are extended, the following applies:
 - o Accounts outstanding past 45 days are placed on credit hold until overdue balances are paid.
 - o Accounts averaging 45 or days to pay are in jeopardy of being placed on C.O.D. basis.
 - o Customers with a history exceeding 60 days to pay may only make purchases with a company credit card or on a C.O.D. basis.
 - o Once terms are established, you will be forwarded notification of your credit limit and customer number.
1. The undersigned agrees to pay to HME, Inc. a FINANCE CHARGE on the actual outstanding principal balance on the account during each billing period. HME, Inc. Chassis, Inc. shall compute the FINANCE CHARGE at the rate of ONE AND ONE-HALF percent (1 1/2 %) above prime per month for all charges that remain unpaid for a period of time in excess of thirty (30) days.
2. It is agreed by the undersigned that in the event HME, Inc. is required to place an outstanding and unpaid account in the hands of an attorney for collection, any reasonable expenses incurred in connection therewith, including attorney's fees, shall be borne by the undersigned.

 Date Signature

 Title Printed Name

AUTHORIZED SERVICE CENTER AGREEMENT

Authorized Service Center's Primary Responsibility:

The Authorized Service Center's primary responsibilities to HME, Inc. and our mutual customers are warranty repairs, service parts sales and technical support of HME, Inc. products. Additionally, the Authorized Service Center agrees to stand behind the workmanship of the work performed.

The Location:

The Authorized Service Center agrees to conduct service from the approved location. If more than one location has the same owner, each location must meet the same requirements (training, tools, equipment, and staffing) as the original location. Each individual service center location and staff will be interviewed, evaluated, and qualified prior to being classified an Authorized HME, Inc. Service Center.

Insured:

The Authorized Service Center agrees to be fully insured and meet all state and local requirements for motor vehicle repair.

Training, Tools and Parts:

The Authorized Service Center will participate in training a minimum of once every three years. A training schedule will be made available throughout the year. Our expectation regarding tooling is that facilities secure the tooling necessary as needed to complete the repairs.

Authorized Warranty Repairs and Service Work:

The Authorized Service Center agrees to follow the service center procedure manual as it relates to warranty authorization, invoicing, and documentation of repairs, including terms and conditions of payment. Facility agrees to receive warranty parts at no charge / no mark-up.

Customer Satisfaction:

HME and our Authorized Service Centers agree that appropriate care of our customers is critical to our current and future business success. The HME Service Center Development Team will monitor the satisfaction of our customers and our Authorized Service Center network.

Effective Date:

By signing below, the Authorized Service Center and HME, Inc. agree to abide by the terms and conditions of this contract for the length of the service centers authorized status. HME, Inc. reserves the right to revoke this contract at any time for failure to abide by the contents and requirements of this manual. The service center reserves the right to revoke this contract at any time if they do not agree with the contents and requirements of this manual. Termination will be supported with written notice and will be effective 30 days after receipt, unless otherwise mutually agreed upon in writing.

It is understood and agreed that the Authorized Service Center is an independent entity engaged in the sale of parts and services at its own expense and is not an agent of HME, Inc.

By: _____
HME, Incorporated

By: _____
Printed Name

Date: _____

Signature

Company

Address

HME Technical Training Registration

Please complete and return by mail to:

HME, Incorporated
1950 Byron Center Avenue
Wyoming, Michigan 49519
Attn: Service Training Class

Or, by PDF to: firetruckservice@hmetruck.com

Company _____

Contact Name _____

City, State _____ Telephone _____

Please list state certifications, ASE and/or EVT for each technician attending.

Technicians Name	Certifications (Example: ASE, brakes)

Please print name as you would like it to appear on the certificate

Please circle the training session you will be participating in:

- Spring 2019 – Date T.B.D. - AF Pump specific - HME campus
- Spring 2019 – Date T.B.D. - HME campus
- Fall 2019 – Date T.B.D. - HME campus
- Fall 2019 – Date T.B.D. - HME campus

Miscellaneous Forms

Request for Labor Rate Increase

Please complete this form and forward it to the HME Customer & Product Support Group

Date Requested: _____

Service Center: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Telephone #: _____

Email Address: _____

Last Increase Date: _____

Current Labor Rate: \$ _____ Proposed Labor Rate: \$ _____

Justification: _____

The current labor rate must have been in effect for 12 months before an increase will be approved. HME, Inc. will analyze regional charges.

Approved by: _____

HME

Date: _____

Approved copies to: Accounting

VP Sales

HME PARTS ORDER FORM

PARTS: 616-534-1463 extension 268

EMAIL: parts@hmetruck.com

Your Account #: _____ Purchase Order #: _____

Bill To:	Ship To:
Name:	Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Telephone:	Telephone:

- | Order Type | Method of Shipping |
|--------------------------------------|--|
| <input type="checkbox"/> Stock Order | <input type="checkbox"/> Best Way |
| <input type="checkbox"/> Unit Down | <input type="checkbox"/> UPS Ground |
| | <input type="checkbox"/> UPS 2 nd Day |
| | <input type="checkbox"/> UPS Next Day |
| | <input type="checkbox"/> Truck |
| | <input type="checkbox"/> Pickup at HME |

	Part Number	QTY	UOM	Description
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Purchaser
Authorized Service Center Signature

Limited Warranty Registration

Also available on line at: www.firetrucks.com

This form must be completed in its entirety and returned to HME, Inc., 1950 Byron Center Avenue, Wyoming, Michigan 49519, to register this apparatus for the HME Limited Warranty. Receipt of this document by HME will activate the HME New Product "Limited Warranty." HME's warranty registration does not register the chassis axles, engine, transmission, or any parts or components added to the chassis by another party for a warranty. For warranty information on the axles, engine, transmission or any parts or components added to the chassis by another party contact the respective manufacturer whose addresses are available in the owner's manual. The HME Limited Warranty shall not become valid and will remain void if the Registration form is not completed and returned to HME within 60 days of the date of delivery. **THE HME LIMITED WARRANTY IS NOT VALID IF THE HME APPARATUS WARRANTY REGISTRATION FORM IS NOT SENT TO HME WITHIN 60 DAYS AFTER THE DATE OF DELIVERY OF THE FIRE TRUCK CAB & CHASSIS TO THE END USER.**

(Please print or type the required information below.)

Job Number _____
(Five digit number found on the VIN tag)

Date of Purchase: _____ Mileage or Kilometers on Odometer: _____

Registered Owner: _____

Address City

State Zip Code Telephone

Email Address

Selling Dealer: _____
Company Name

City State Zip Telephone

Customer Signature: _____ Date: _____

If you have a change of address or ownership, please notify HME Customer & Product Support Group at 616-534-1463. If a copy of the purchase agreement is available, please provide to support the in-service date.

SALES AND USE TAX

All repairs must comply with any, or all, applicable state requirements. Sales tax will only be paid for repairs in the states whose tax code allow the charging of sales tax on warranty parts and service:

- Hawaii
- Kentucky
- Massachusetts
- Washington D.C.
- Missouri
- Nevada
- North Carolina

Materials and supplies used in the performance of a factory or manufacturer's warranty are exempt when the contract is furnished with the new equipment guaranteed there under at no extra charge and such materials and supplies are paid for by the factory or manufacturer.

If your facility is exempt from paying taxes for any other reason, please supply HME, Inc. with your tax exempt status letter.

Miscellaneous

Abbreviations / Definitions

RMA/RGA – A return merchandise authorization (**RMA**), return authorization (**RA**) or return goods authorization (**RGA**) is a part of the process of returning a product to receive a refund, replacement, or repair during the product's warranty period.

Job Number – HME custom chassis the Job Number is the last 5 digits of the VIN
Commercial chassis the Job Number can be found on the vehicle Final Stage tag applied to the driver's door frame area of the cab. See page 17 for examples.

VIN – Vehicle Identification Number

WA# or WA number – The authorization number for tracking and recording a warranty event

Trademarks

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Revisions

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