



Shop Type:

Date:	Claim Number:	Estimator:
Vehicle Year, Make, Model:	Licence Plate:	Mileage:
Repair Shop:	Registered Account Number:	Shop Work Order Number:
Person Making Request:	Phone:	Email:

Line	Description	Reason for Change	Part Type	Part Number	Hrs.	Qty.	Parts Cost

If not completed as outlined, this form will be returned for correction prior to payment.

Comments:	
<p style="text-align: center;">Part Exception Request</p> <p>Use the Part Exception Request Form when requesting a part that is not the lowest cost available option.</p>	
Repair Firm Use Only	
Depreciation:	
PST:	
GST:	
Deductible:	
Customer Responsibility:	

Total Parts Cost (less line discounts, before taxes)			
Total Labour	Category	Hours	Dollar Amount
	Aluminum/Carbon Fiber		
	Body		
	Frame		
	Mechanical		
	Refinish		
Allowances	Shop Material		
	Paint Material		
Fees	Toxic Waste		
	Admin Fee		
Subtotal			
Taxes	GST	5.00%	
	PST	7.00%	
Gross Total			