GCDF

GLOBAL CHANNEL DEVELOPMENT FORM

Allison Transmission

REQUEST FOR CHANGE or ESTABLISHMENT of a WARRANTY HOURLY LABOR RATE

(Distributor/Direct Dealer Name) (Code)

(Dealer Name or Distributor Branch) (Code)

(Address)

(City) (State/Province) (Country) (Zip/Postal Code)

Rate(s) Charged Retail Customers By Similar Firms in the Area

Firm Name	City	Hourly Labor Rate

Retail Rate(s) in Effect: Labor Rate Per Hour: _____

New Retail Rate Planned (if applicable) _____ Effective Date: _____ (Rates in local currency)

New Requested Warranty Hourly Labor Rate: _____

Travel Mileage/Kilometer Rate reimbursement will be at the rate as established by Allison Transmission.

GCDF003 (06/21)

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I understand and have complied with requirements necessary to qualify for this requested rate(s) as outlined in Section I of the current Service Policy Manual. I further understand my continuing compliance to these requirements is subject to verification by Allison Transmission, Inc.

Authorized Signatures:

(Signature - Dealer Outlet Requesting New Rate)		(Date)
(Signature - Local Distributor/Direct Dealer)	(Title)	(Date)

Allison Transmission Regional Customer Support Manager Review and Approvals

This location has the required tooling and training requirements. Yes ☐ No ☐

Warranty Labor Rate Authorized: _____ (Labor Rate Per Hour) Effective Date: _____

Currency: _____

The Below Section is Required for Non-United States Locations:

	Mile	KM	Comments:
Distance Reimbursement Rate: _____	☐	☐	
Landed Cost Markup Rate: _____ %			
	Yes	No	
Business Partner to be paid directly out of Indianapolis:	☐	☐	

(Signature - Regional Customer Support Manager) (Date)