



**PDR (PAINTLESS DENT REMOVAL) REQUEST**

<b>SHOP INFORMATION</b>	<b>MPI INFORMATION</b>
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Date: _____	Claim #: _____
Vehicle Year/Make: _____	License Plate #: _____
Repair Firm: _____	Odometer: _____
Registered Account #: _____	Adjuster: _____
Repair Firm Fax #: _____	Estimator: _____
Person Making Request: _____	Repair Firm Phone #: _____

PDR REPAIR ON PARTS				
Line #	Part Description	Part Cost \$	Part R&R Labor	Part Paint Labor
<b>TOTALS:</b>				

PDR REPAIR ON LABOR			
Line #	Part Description	Repair Labor	Paint Labor
<b>TOTALS:</b>			

PDR Totals	X Current Rate	Total	PDR %	Totals
<b>Total Parts Cost</b>		\$		=
<b>Total Labor Hours</b>		\$		=
<b>Total Labor Material</b>		\$		=
<b>Total Paint Hours</b>		\$		=
<b>Total Paint Material</b>		\$		=
			<b>TOTALS:</b>	
			<b>GST:</b>	
			<b>PST:</b>	
			<b>TOTAL PDR COSTS:</b>	

C77 AUTHORIZATION # \_\_\_\_\_