

### Domestic RMA Request

Method of Payment (Include PO# or Name & Last 4 Digits on Credit Card)	Ship-To Address (Include Attn. to)		Return Ship Via (Freight Carrier, Method & Collect Account #)	Contact Name	Email		
Model#	Serial#	Quantity	Service Requested	Description of Issues (Only for Evaluation, Repair or FA)	Customer Name on Cal Certs / Special Notes or Requests	Calibration Cycle	
			Calibration <input type="checkbox"/> Repair <input type="checkbox"/> System Calibration <input type="checkbox"/> Evaluation <input type="checkbox"/> Failure Analysis <input type="checkbox"/>			12 month <input type="checkbox"/> 24 month <input type="checkbox"/> Specific Due Date <input type="text"/> No Due Date Needed <input type="checkbox"/>	
			Calibration <input type="checkbox"/> Repair <input type="checkbox"/> System Calibration <input type="checkbox"/> Evaluation <input type="checkbox"/> Failure Analysis <input type="checkbox"/>			12 month <input type="checkbox"/> 24 month <input type="checkbox"/> Specific Due Date <input type="text"/> No Due Date Needed <input type="checkbox"/>	
			Calibration <input type="checkbox"/> Repair <input type="checkbox"/> System Calibration <input type="checkbox"/> Evaluation <input type="checkbox"/> Failure Analysis <input type="checkbox"/>			12 month <input type="checkbox"/> 24 month <input type="checkbox"/> Specific Due Date <input type="text"/> No Due Date Needed <input type="checkbox"/>	
			Calibration <input type="checkbox"/> Repair <input type="checkbox"/> System Calibration <input type="checkbox"/> Evaluation <input type="checkbox"/> Failure Analysis <input type="checkbox"/>			12 month <input type="checkbox"/> 24 month <input type="checkbox"/> Specific Due Date <input type="text"/> No Due Date Needed <input type="checkbox"/>	
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			Calibration <input type="checkbox"/> Repair <input type="checkbox"/> System Calibration <input type="checkbox"/> Evaluation <input type="checkbox"/> Failure Analysis <input type="checkbox"/>			12 month <input type="checkbox"/> 24 month <input type="checkbox"/> Specific Due Date <input type="text"/> No Due Date Needed <input type="checkbox"/>	

**Please complete all sections of the above form prior to sending to PCB for an RMA# to be issued**