

**REQUEST FOR RMA #
(RETURNED MATERIAL AUTHORIZATION NUMBER)**

Our policy is to Pre-Authorize with an RMA # for returned items.
Please complete and fax this form to (360) 651-8080 for RMA consideration. Our **policy** is to Repair and Return the unit.
A Customer service Representative will contact you after the determination is reached.

Requested By		Date Requested	
Company Name		Branch (if applicable)	
Contact Information (Phone, Fax, E-mail)			
Your Customer's Name (if applicable)		Customer Contact Information (Phone / Fax / Email)	
Part #	Serial Number	IC #	Time on Unit
	SERIAL NUMBER & IC # LOCATED ON DATA PLATE		
Unit originally purchased from?	Purchase date	Warranty Consideration? Yes <input type="checkbox"/> No <input type="checkbox"/>	Customer Request for Work Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for return			
If this is a Warranty request, has the customer received a replacement? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, PO# _____ DS and/or Invoice # _____ Has this unit been to a Warranty Repair Station? Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, which one and when?		
If the unit is to be returned to the Customer or replaced please provide the following information. Our policy is to ship the unit best way (least expensive) at no charge, if unit is covered under warranty. If requesting expedited shipping, it is at the customer's own expense.			
Company Name		Attn:	
Address, City, State & Zip Code			
Telephone	Fax	E-mail	
Shipping Instructions: (Please Provide transport carrier and method)			
VIA:	Acct#	Freight COD <input type="checkbox"/>	
For Internal Use Only: (use back for addition comments if necessary)			
Return Approved? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, write RMA # above, If no, reason:			
Current IC #	Update to Current IC Yes <input type="checkbox"/> No <input type="checkbox"/>	Cost Quoted to Customer to Update and/or Work Requested by Customer	

Please drain the returned item of fuel and mark the box containing the returned item with the RMA # to expedite receiving.

If the unit is not within the parameters of our Commercial Warranty,
the unit Will be returned and the customer billed for charges.

Please contact _____, PAC Customer Sales Representative. at (360) 651-8282 or E-mail _____@precisionairmotive.com for any information regarding this unit,

14800 40th Avenue N.E. Marysville, WA. 98271 * USA * Phone: (360) 651-8282 - Fax: (360) 651-8080

Please Return To: Omaha Airplane Supply 1101 Ave. H, Ste. G - Carter Lake, IA 51510 or Fax 712-347-6600

Omaha Airplane Supply 2945 Redondo Ave. - Long Beach, CA 90806 or Fax 562-595-1126