

## Return Material Authorization Form

**INSTRUCTIONS:** Please email completed form to [doug.pulver@semco.com](mailto:doug.pulver@semco.com) or fax to 760.727.5200.

For questions, please contact Doug Pulver at 760.727.7800, x1169. He will contact you at the number/email you provide below with an RMA number. *Please do not return equipment until an RMA number has been assigned.*



Systems Engineering & Management Company  
 1430 Vantage Court  
 Vista, CA 92081  
 (760) 727-7800 tel (760) 727-5200 fax  
[www.semco.com](http://www.semco.com)

Company Name:	Contact Person:	<b>For SEMCO Use Only</b>
		RMA # :
Address:		Date Issued:
City, State, Zip:		Issued By:
Email:		Under Warranty:
Phone:	Fax:	<input type="checkbox"/> yes <input type="checkbox"/> no

Part #	Part Description	Qty.	Serial #	Chassis Serial #	Sales Order #

**Description of Problem**  
 (please fill out in detail; if applicable, please include the necessary login information (username, password) of unit):

**NOTE:** SEMCO's original shipping container (or a substitute container approved in writing by SEMCO) must be used to return telemetry systems. Damage resulting from the use of a non-approved container will not be covered under warranty. **Please note RMA # on outside of box and/or on packing slip, and include this form inside shipment container.**

*Return shipping method is GROUND, unless otherwise specified in writing. Customer will be billed for expedited service.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_