

Return Material Authorization Form

INSTRUCTIONS: Please email completed form to karen.whitmarsh@semco.com or fax to (760)727-5200.
 For questions, please contact Karen Whitmarsh at (760)727-7800, x1105. She 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.*



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v 2.0

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

Part #	Part Description	Qty.	Card Serial #	Chassis Serial #	For SEMCO Use Only
					<input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> C <input type="checkbox"/> F

Description of Problem
 (please fill out in detail; if applicable, please include the necessary login information (username, password) of unit):
Please include Technical POC above.

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: _____