**RMA REQUEST FORM**

|  |  |
| --- | --- |
| RMA Number |  |
| Date Issued |  |
| Customer Number (AR Number) |  |
| 8130-3 Required? | Yes: [ ]  No: [ ]   |
| EASA Required? | Yes: [ ]  No: [ ]   |
| Failure Analysis Required? | Yes: [ ]  No: [ ]   |
| Replace Cosmetics? | Yes: [ ]  No: [ ]   |
| Out of Box Failure? | Yes: [ ]  No: [ ]   |
| In Service Failure? | Yes: [ ]  No: [ ]   |
| Repeat Return? | Yes: [ ]  No: [ ]   |
| Repeat Issue? | Yes: [ ]  No: [ ]   |
| Air Directives? | Yes: [ ]  No: [ ]   |
| Is (are) S/N under Warranty? | Yes: [ ]  No: [ ]   |
| Is PO Funded? | Yes: [ ]  No: [ ]   |
| Customer PO Number |  |

Please select either Yes or No for all Yes/No fields. Or add comment if left unchecked.

|  |  |
| --- | --- |
| **Ship To:** | **Bill To:** |
| Attn: | Attn: |
| Customer: | Customer: |
| Address: | Address: |
| City, ST Zip: | City, ST Zip: |
| Phone: | Phone: |
| Email: | Email: |

|  |  |  |
| --- | --- | --- |
| **Part Number:**  | **Serial Number**:  | **Reason for Return or Failure:** Please provide pictures and or video evidence if applicable |
|  |  | **Customer Findings:** **Tech Findings:**  |
|  |  | **Customer Findings:** **Tech Findings:**  |
|  |  | **Customer Findings:** **Tech Findings:**  |
|  |  | **Customer Findings:** **Tech Findings:**  |

|  |
| --- |
| **Notes**:  |

**Instructions:**

1. **Please fill out RMA form and email to** **rma@righthandtech.com**
2. **Please make sure the PO is sent with your RMA request**
3. **Specify any required Air Directives, when applicable.**
4. **Air Directives and Service Bulletins should be listed on the original PO sent with RMA request.**
5. **Allow one business day to receive your RMA number.**
6. **RMA number will be void 30 days after the issue date.**
7. **Attach RMA form and Purchase Order/Invoice (if applicable) with your returned product.**
8. **Returned products without RMA form will not be accepted.**
9. **If request is for cosmetics, please create the funded PO and send with original request**

|  |  |
| --- | --- |
| **Date Received:**  | **By:** |