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Please one Request Form per unit returned!

Authorization

RMA #: _____ Your Order: _____ Customer Reference: _____

Date _____ First Name, Last Name _____ Signature _____

Customer Information

Ship to Address: TAG #: 700 _____

Company: DATAMATIK AS _____ Contact(s): Neda Akhtari _____

Address: JERIKOVEIEN 16 _____ Email: Neda.Akhtari@datamatik.no _____

Tel: 0047-21 54 85 84 _____

Postal code: 1067 City: Oslo Country: Norway Fax: 0047-22 30 02 73

Bill to Address: Customer #: GM36388967 _____

Company: DATAMATIK AS _____ Contact(s): Neda Akhtari _____

Address: JERIKOVEIEN 16 _____ Email: Neda.Akhtari@datamatik.no _____

Tel: 0047-21 54 85 84 _____

Postal code: 1067 City: Oslo Country: Norway Fax: 0047-22 30 02 73

Unit Information

Serial #: _____

Model/ Board #: _____

IMEI/TEI;ESN: _____

Option (e.g. H-Option): _____

Is the radio Intrinsically Safe (e.g. FM, CENELEC, ATEX, EX)? Yes No

IS UNIT ENCRYPTED OR CONTROLLED?

Yes/ Type: _____ No

End User Name/Address: _____

Type of Service

FREE OF CHARGE

Warranty Contract:

If not covered by warranty please perform fixed price repair quote (free of charge)

CHARGEABLE

Electrical Fixed Price Physical Damage Fixed Price

Label Programming Other (please specify): _____

PLEASE QUOTE: before this repair - in any case* Other (please specify): _____

* For equipment with fixed prices, we will charge € 17,90
For equipment without fixed prices, we will charge € 67,90 (due only if quotation is refused)

Accessories

Please do NOT send accessories unless related to the failure of the equipment

Headset Battery Control Head Clip Micro Antenna Other (please specify): _____

Symptoms

Dead Does not log in

Battery/ Charging Problem Constant tone

No/ low reception No Signaling

No/ low transmission No Squelch

No/ low Audio Cannot Read/ Program

Display - Error Error Code:

Damage (please select one):

PHYSICAL LIQUID CHEMICAL

Continuous Intermittent

Description: →