

RMA Number: _____ Date Authorized: _____

THIS SECTION IS TO BE FILLED OUT BY DTECH LABS RMA COORDINATOR

PLEASE COMPLETE THIS FORM AND EMAIL TO dtech.rma@cubic.com OUR SUPPORT ENGINEERS WILL CONTACT YOU AND ATTEMPT TO RESOLVE ISSUES THAT ARE POTENTIALLY CONFIGURATION OR SOFTWARE RELATED PRIOR TO AN RMA NUMBER BEING ISSUED.

RMA TERMS

- Under this Return Material Authorization (RMA), the returned product will be evaluated by DTECH LABS technical support staff.
- If the returned product is found to be fully operational, a \$150 diagnostic fee will be charged and the returned product will be returned.
- If the returned product is found to be inoperable and is under warranty, the returned product will be repaired and/or replaced and returned at no charge.
- If the product is found to be inoperable and is not under Warranty, a \$150 diagnostic fee will be charged and a repair estimate will be provided.
- No repair work will be performed until a purchase order for the repair estimate has been received by DTECH LABS.
- If the customer elects to not have the unit repaired, a \$150 diagnostic fee will be billed to the customer, and the returned product will be returned with no repairs.
- This RMA document must be signed and returned to DTECH LABS before the diagnostic procedure and repairs can be initiated on the returned product.

CUSTOMER CONTACT INFORMATION

Organization: _____

Admin POC: _____ Technical POC: _____

E-Mail Address: _____ E-Mail Address: _____

Phone Number: _____ Phone Number: _____

Billing Address: _____ Ship From Address: _____ Destination Address: (When Repair Has Been Completed)

PRODUCT INFORMATION

NOTE: EACH RMA NUMBER IS VALID FOR ONE SERIAL NUMBER ONLY

Product Name: _____ DTECH Serial Number: _____

Description of all observed issues:

RETURN SHIPPING INFORMATION

PLEASE REVIEW THE WARRANTY STATUS INDICATED BELOW. A PREPAID SHIPPING LABEL WILL BE PROVIDED FOR VALID WARRANTY REQUESTS IN ORDER TO EXPEDITE YOUR RETURN. PLEASE PROVIDE PACKAGE WEIGHT AND DIMENSIONS IN THE APPROPRIATE FIELD. WHEN PACKAGED PLEASE INCLUDE A COPY OF THIS SIGNED DOCUMENT WITH THE PACKING SLIP ON OR INSIDE THE BOX AND MARK THE PACKAGE WITH THE ASSIGNED RMA NUMBER.

FORM TIP: SAVE A COPY OF THIS FORM TO YOUR LOCAL COMPUTER WITH YOUR CONTACT INFORMATION COMPLETED. FILL IN ISSUES AND PRODUCT INFORMATION FOR NEW REQUESTS, DIGITALLY SIGN AND SEND TO DTECH.RMA@CUBIC.COM THEN RIGHT CLICK, CLEAR YOUR SIGNATURE, AND SAVE THE FORM FOR FUTURE USE, EDIT FOR NEW ISSUES.

ATTN: RMA# Weight (lbs): _____ Length (inches): _____ Height (inches): _____ Width (inches): _____

CUBIC | DTECH LABS
21580 BEAUMEADE CIRCLE
SUITE 230
ASHBURN, VA 20147

Please e-mail this completed form to the DTECH RMA Coordinator : dtech.rma@cubic.com

Customer Signature: _____

Dtech Labs Comments:

THIS SECTION TO BE FILLED OUT BY DTECH LABS RMA CORDINATOR

Warranty Expiration date: _____

- Warranty Valid
- Warranty Invalid or Expired

Authorized by: _____