

**Tecnadyne Advanced Product Development
A Tecnova Inc. Company**

Return Material Authorization (RMA) Request Form

Company	_____	Name	_____
Street Address	_____	Email Address	_____
City	_____	Current Date	_____
Postal Code	_____	Purchase Date	_____
Country	_____		
Part No.	_____	Serial No.	_____

Please complete this RMA Request form and return it to Tecnadyne -- email is preferred, but fax is OK.
When we receive the completed RMA Request form, we will immediately issue an RMA number and also provide shipping instructions for return of the equipment to Tecnadyne.

In the space provided below, please give a thorough description of the failure or problem encountered with the Tecnadyne equipment. Please provide as much system and operational information as possible, as this may help us diagnose the failure and to identify any interface problems with the host system.

Detailed Description of Failure or Problem