Please complete this form in its entirety and return it to Aviation Specialties Unlimited by e-mail: [customerservice@asu-nvg.com](mailto:customerservice@asu-nvg.com). Failure to complete any portion of this form that applies may result in delays in your warranty experience.

Please include pictures of the discrepancies and their original packaging.

Include a copy of this completed form with your shipment to ASU.

**Customer Type:** Choose an item.

**Contact Name:** Click or tap here to enter text.

**Company Name:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **E-Mail:** Click or tap here to enter text.

**ORIGINAL SALE INFORMATION**

**Date of Purchase:** enter a date.

**Sales Order or Invoice No:** enter text. **Purchase Order No:** enter text.

**Aircraft Reg. No:** enter text. **Aircraft Serial No:** enter text.

**PRODUCT INFORMATION:**

(If large quantity, please attach separate spreadsheet with the following information)

**Qty Part Number Description of Part Number Lot or Serial Number**

Qty Part Number Part Description Lot/ Serial No.

**Please provide a detailed description of the concern below:**

Click or tap here to enter text.

**Pictures attached?** Choose an item.

**RETURN SHIP TO ADDRESS:**

**Name:** Click or tap here to enter text.

**Attn:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** enter text. **Zip:** enter text.

**Country:** Click or tap here to enter text.

**Freight Acct Info:** Choose an item. **Acct. No.:**

Customer to complete the following section, if returning an AVS-9, PVS-7 or PVS-14; otherwise, skip this section.

**Items shipped to ASU:**

**AN/AVS-9 System Content Checklist:**

Shipping/Storage Case  Low Profile Battery Pack

Soft Carrying Case  Counter Weight Assembly

AVS-9 System SN: enter SN  Battery Cartridge – Qty enter Qty

Lens Cap (4)  Low Profile Battery Pack Mounting Kit

Lens Paper  Helmet Mount Assy

Operators Manual  Lens Pen

Neck Cord  Clip On Power Source

Low Profile Battery Pack  Other Click or tap here to enter text.

ASU Inventoried By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**AN/PVS-14 or AN/PVS-7 System Content Checklist:**

Soft Carrying Case  Lens Paper

PVS System SN: enter SN  Lens Pen

Helmet Mount Assy  Neck Cord

Head Mount Assy  Rubber Eyecup

Demist Shield  Sacrificial Lens

Operators Manual  Weapon Mount

ASU Inventoried By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*ASU Warranty Specialist to complete the following information\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ASU Inbound RMA #:** Click or tap here to enter text.

**ASU Outbound RMA #:** Click or tap here to enter text.

**EVALUATION INFORMATION:**

**Evaluator:** Click or tap here to enter text. **Date Evaluated:** enter a date.

**Warrantable:** Choose an item.

**If Yes:** Choose an item.

If Replaced, document the new Lot or Serial Number(s): Click or tap here to enter text.

**If not warrantable, explain:**

Click or tap here to enter text.

**Disposition:** Choose an item.

If non-warrantable Repair, Customer PO No: Click or tap here to enter text.

**New Sales Order or SC #:** Click or tap here to enter text.

**RETURN SHIPPING INFORMATION:**

**Account:** Choose an item.

**Customer Account #:** Click or tap here to enter text. **Carrier:** Click or tap here to enter text.

**Return Ship Date:** enter a date. **Tracking No:** Click or tap here to enter text.