Please complete this form in its entirety and return it to Aviation Specialties Unlimited by e-mail: 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.