

## **EXPORT RMA FORM**

ULVAC OFFICIAL USE ONLY		
SHIP TO:	CONTACT NAME:	CONTACT DATE:
	SALES ORDER #:	
	ACCOUNT #:	
	PO #:	PO DATE:
RMA #:	REASON FOR RETURN:	REPAIR WARRANTY
ISSUE DATE:	TENSON FOR TENON.	EVAL CREDIT REQUEST
RMA # VALID FOR 30 DAYS	CREDIT DETAILS	
TECH SUPPORT:		
FINANCE:	OTHER (EXPLAIN):	
	<u> </u>	
CUSTOMER SUPPLIED INFORMATION - CERTIFICATE OF DECONTAMINATION		
END USER COMPANY NAME:	• PHONE: _	FAX:
END USER CONTACT NAME:	• E-MAIL: _	
PART DESCRIPTION/NUMBER:		
• SERIAL #:		
DESCRIPTION OF PROBLEM:		
FEDERAL REGULATIONS PROHIBIT THE SHIPME		HAT IS IMPROPERLY PACKAGED OR INCORRECTLY
	DECONTAMINATED PRIOR TO SHIPM HIPMENT THAT IS NOT PROPERLY PA	MENT. ULVAC TECHNOLOGIES RESERVES THE RIGHT
ULVAC RESERVES THE RIGHT TO REPACKAGE/RESKID ANY RMA MATERIAL THAT IS RECEIVED WITH INADEQUATE PACKING/SKID THAT		
MAY PREVENT ULVAC FROM RETURNING THE CUSTOMER'S MATERIAL, USING THE CUSTOMER'S PACKING/SKID, IN A SAFE AND UNDAMAGED CONDITION. ULVAC WILL BACK-CHARGE CUSTOMER FOR LABOR AND MATERIALS REQUIRED.		
LIST ALL GASSES/CHEMICALS (COMMON NAMES/SPECIFIC CHEMICALS) THAT THE PRODUCT WAS EXPOSED TO DURING USE.		
NAME OF GAS/CHEMICAL	Wies/or Earl to or lewion (Ea) 11 i/(1	THE TROBUST WAS EXITEDED TO BORING COL.
	N  T  E  P	B □ R □ O □
1: N/A 2: N/A	N	
3: N/A	N   T   E   P	B
N = NON-HAZARDOUS T - T	OXIC E = EXPLOSI	VE P = POTENTIALLY HAZARDOUS
B = BIOLOGICAL HAZARD R = I	RADIOACTIVE	O = OTHER (EXPLAIN)
N/A = NOT APPLICABLE ie: ELECTRICAL/ELECTRONIC PARTS		
HAS THE UNIT BEEN DISASSEMBLED FOR COMPLETE DECONTAMINATION? ● YES □ ● NO □		
		PROOF OF DECONTAMINATION.
NOTE: MSDS REQUIRED FOR ALL LISTED HAZARDS		
UI VAC RESERVES THE RIGHT TO RET	URN TO SENDER AT SENDER	S'S EXPENSE, ANY PRODUCT THAT IS NOT
		ATION CAPABILITIES, OR THAT DOES NOT
HAVE THE CERTIFICATE OF DECC	ONTAMINATION SECTION OF T	THIS RMA FORM FULLY COMPLETED.
MATERIAL MAY ONLY BE RETURNED TO	A LII VAC WITH A COMPLETED	RMA FORM AND ASSIGNED RMA NUMBER.
	HIS FORM MUST BE USED AS	
		IDE OF THE SHIPPING CONTAINER.
ANY SHIPMENTS WITHOU	JT A CLEARLY VISIBLE RMA N	UMBER WILL BE REJECTED.
I AGREE THAT THE INFORMATION SUPPLIED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.		
SAFETY OFFICER'S AUTHORIZATION REQUIRED IF PRODUCT HAS BEEN EXPOSED TO HAZARDOUS MATERIALS		
CUSTOMER'S RMA DATA		
COMPLETED/APPROVED BY:		• DATE:
(TYPE AUTHORIZED PERSON'S NAME & TITLE)		

• REQUIRED FIELDS