

# RETURN & REPAIR FORM



CUSTOMER NJ STATE POLICE Cust. # \_\_\_\_\_

Date ret. 12/10 Carrier Fed Exp. Method \_\_\_\_\_ RMA# \_\_\_\_\_

7110 Serial# ARCM-0284 Warranty exp.: \_\_\_\_\_

Reported Problem: \_\_\_\_\_  
 \_\_\_\_\_

- Accessories (check all that apply):  Regulator  P.Paper  Scotty V  PrinterRib.  Pouch  
 Sim. Temp. Probe Ser.# \_\_\_\_\_  Keyboard  Organizer  Key  
 Mouthpieces \_\_\_\_\_  Sim. to cuvette hose  Pump to Sim. hose  Power cord  
 Other (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

<u>Part#</u>	<u>Description</u>	<u>\$</u>	<u>Qty</u>	<u>Total</u>
X <u>CAK 71</u>			1	
		Repair Time		Time \$

TOTAL REPAIR \$ \_\_\_\_\_

REPAIR NOTES:

full cc & cps CHK; Upgraded Unit to MS-3.2 with CALIBRATION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date 01/05/00 Technician [Signature]

Every above checked item is included  Shipping \_\_\_\_\_