Return & Repair Form:

Customer Information:

Company Name: Dumont Police Dept. B: _____ S: _____

Date Received: 1-9-09 Date Given to Service: _____

Carrier: FedEx – UPS – DHL – USPS **Method:** GRD – NDA – 2DY – 3DY – Other

Product Information:

Product: 7410 – 7110 – 6510 – 6810 Serial #: AR TL-0027

Description: A – B – Plus – Screener – Demo Printer Ser #: AR _____ - _____

Whole Instrument **Top ½** Sim Ser #: _____

Other _____ Probe Ser # DD _____ P - _____

ACCESSORIES:

☐ 110 V A/C Adapter ☐ Regulator ☐ Mag Card Rdr# _____

☐ Printer Paper ☐ Printer Ribbon ☐ Casio # _____

☐ Mouthpieces ☐ Carrying Case ☐ Dry Gas

Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information: **Test #**

Reason for Return: EC

Part Number	Description	Qty	Total Cost
6808455	FC	1	N/C WARR
MPCNC71	CNC	1	N/C WARR
MP LABOR		.5	N/C WARR

Repair Notes:

REPLACE FC / CNC W/ QC; OPS CHECKS

Service Technician: _____ Date: 01-13-2009