

Trans-Cal Industries, Inc.
Return Material Authorization (RMA)

If your Trans-Cal instrument is in need of rebuild and or calibration, or you believe the instrument has failed within the warranty period, you will need to obtain a Return Material Authorization number prior to returning the device.

The RMA form may be obtained on our website at www.trans-cal.com or by contacting us directly at:

Trans-Cal Industries Inc.
16141 Cohasset St.
Van Nuys, CA 91406
(818)787-1221 x 401 Phone (818)787-8916 FAX cosmo@trans-cal.com

The RMA number and shipping instructions will be assigned upon completion and return of the RMA form and agreement to the following terms:

- Remove TCI instruments from any fixture(s) and package as to prevent damage during shipping.
- There is a flat \$50.00 fee for all units sent in. This fee covers processing/evaluation/bench testing and is due and payable upon receipt of the unit. This must be paid before any unit can be returned in any condition. Refusal to pay the fee will result in a “scrap on site.”
- This fee is waived upon approval of rebuild/calibration costs or credited toward the purchase of a new unit.
- If a warranty is claimed, but is rejected due to damage or negligence, then you are responsible for the evaluation fee and/or the cost to replace the instrument.
- If the reported discrepancy is not confirmed the unit will be recertified and the \$50.00 recalibration/processing fee is due.
- If TCI declares an instrument “not airworthy” and you decline the rebuild required to bring it into conformance, then TCI will require a signed certification that the article will not be used or conveyed for use in aviation. Refusal to sign will result in a “scrap on site.”
- If the instrument is in need of rebuild, we will contact you with a quote for approval. At that time, we will require a revised purchase order or credit card and authorized signature.
- If the instrument is left at our facility longer than 45 days after the initial quote then it will be returned “as-found” and the evaluation fee will be invoiced.

Trans-Cal Industries, Inc.

16141 COHASSET ST., VAN NUYS, CA 91406

Return Material Authorization

| | | |
|---|--|-------|
| Customer: | | |
| Contact Name: | | |
| Address: | | |
| Phone Number: | | FAX # |
| E-Mail Address: | | |
| Today's Date: | | |
| Model No. & Serial No. | | |
| Date Purchased: | | |
| RMA Request Type: | <input type="checkbox"/> Evaluation <input type="checkbox"/> Calibration <input type="checkbox"/> Rebuild <input type="checkbox"/> Warranty Claim | |
| Payment Method | <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> Company P.O.# Acct#: _____ Exp. Date: _____ | |
| Shipping Method | <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Red <input type="checkbox"/> UPS 3 DAY <input type="checkbox"/> UPS 2 DAY <input type="checkbox"/> UPS Overnight <input type="checkbox"/> FED EX <input type="checkbox"/> C.O.D. | |
| Reason for return, describe the failure (be as specific as possible): | | |
| | | |
| <u>PLEASE STATE TYPE OF TRANSPONDER IN USE:</u> | | |
| | | |
| Estimated Hours of Use: | | |
| TCI Assigned RMA#: | | |

The undersigned agrees to the charges as outlined above.

Signature: _____ Date: _____