



## RMA REQUEST FORM

\*\*\* Please contact Hawkins & Associates for an RMA# prior to filling out the form.

**Hawkins & Associates Assigned RMA No.**

(To be entered by Hawkins)

The Return Material Authorization (RMA) form is designed to facilitate the return of product for warranty evaluation, out-of-box failures, repair, recalibration, and restock (unused new product).

**NOTE: failure to follow RMA Process may result in time delays or rejection of the RMA**

**Process:**

- 1) **The RMA Request Form shall be submitted by Hawkins & Associates authorized distributors and OEM customers ONLY.**
- 2) Before submitting the RMA, distributors/customers **must** contact Hawkins' Technical Support (770-242-0101 or 800-429-9901) for a preliminary evaluation and the assignment of a case number for future reference.
- 3) Provide Hawkins Technical Support a detailed description of your application, including information on relevant variables such as fluid velocity, temperature, pressure, piping configuration, electrical connections, and type of fluid.
- 4) Package and ship the product to the attention of "**Repair Dept.**" You must write the RMA# on each box and label (failure to do so will delay processing.) Products damaged in shipping will void the warranty.
- 5) A Material Safety Data Sheet (MSDS) **must** be attached to the RMA Request Form if the product has been exposed to hazardous materials.  
***NOTE: For employee safety, equipment & meters with obvious exposure to human or animal bio-waste will be rejected by Hawkins & Associates. All pumps & surfaces that have come into contact with chemical(s) must be cleaned out thoroughly. Otherwise, pump will be returned at your expense.***

Today's date:	Assigned Case No.	Original Purchase Date & PO No.	Hawkins Territory Yes / No
*Action requested:      ___ Warranty Evaluation      ___ Out-of-Box Failure Return      ___ Repair Quote ___ Recalibration                      ___ Restock (New Unused)			

<b><u>Original Distributor/OEM (Bill To)</u></b>	<b>Ship To (Return Address)</b> <input type="checkbox"/> Same as Bill To
*Company:	*
*Address 1:	*
*Address 2:	*
*City, State, Zip:	*
*Country:	*
*Contact:	*
*Telephone:	*
*Facsimile:	*
*E-mail:	*
*Serial #:	
*Type of chemical being pumped:	

\*Required Entry