



<b>CUSTOMER INFORMATION</b>	<b>Customer#</b>	
	<b>Ship Tag</b>	
	<b>Date</b>	
	<b>Company Name (Ship)</b>	
	<b>Address (Ship)</b>	
	<b>City ST Zip (Ship)</b>	
	<b>Technical Contact</b>	
	<b>Phone</b>	
	<b>Contact Name</b>	
	<b>FAX</b>	
	<b>Email Address</b>	
	<b>Bill Tag</b>	
	<b>Company Name (Bill)</b>	
	<b>Address (Bill)</b>	
<b>City ST Zip (Bill)</b>		
<b>UNIT INFO</b>	<b>Model Number</b>	
	<b>Serial Number</b>	
	<b>GCC#</b>	
<b>SYSTEM</b>	<b>Cap Code (If Known)</b>	
	<b>Baud Rate (If Known)</b>	
	<b>Frequency</b>	
	<b>Service Provider</b>	

<b>ACCESSORIES</b>	None	
	Clip	
	Holster	
	Charger	
	Date Code	
	Battery	
	Other	
<b>SYMPTOM</b>	A: Audio	
	B: Dead	
	B1: Disabled	
	C: Frequency Change	
	New Frequency	
	D: Battery	
	E: Poor Range	
	F: Display	
	G: Check Operation	
	H: Intermittent	
	I: Switch	
	I1: Buttons	
	J: Volume Control	
	K: Damaged	
	K1: Broken Belt Clip	
	K2: Battery Door	
	L: Housing	
	M: Light	
	N: Reset	
	O: No Page	
	P: Vibrator	
	Q: Falsing	
	R: Lens	
	S: Label	
	U: No Complaint	
	W: Reprogram	
	Reprogram to	
X: Squelch		
Z: Stored Voice		
Other		
Further Description of Problems		

<b>AUTHORIZATION</b>	<b>PO Number</b>	
	<b>Extended Warrnty</b>	
	<b>Proof Of Purchase</b>	
	<b>Contract Number</b>	
	<b>Bill for above contract charges</b>	
	<b>Flat Rate Only</b>	
	<b>T&amp;M \$ Amount not to Exceed</b>	
	<b>Bill my Motorola Account</b>	
	<b>Radio Repair Bank Number</b>	
	<b>Check Included</b>	
	<b>Taxable</b>	
	<b>Non-Taxable</b>	
<b>Bill my Credit Card</b>		

**Form cannot be modified without prior approval from th**

Fill Out Form

<-- Enter Customer Number if not already done
<-- Enter Customer Ship Tag if not already done
<-- Enter Date
<-- Enter Company Ship Name if not already done
<-- Enter Company Ship Address if not already done
<-- Enter Company Ship City, St, Zip if not already done
<-- Place an "X" if Contact Name is Technical
<-- Enter without dashes or parentheses. # will be automatically formatted
<-- Enter Contact Name
<-- Enter without dashes or parentheses. # will be automatically formatted
<-- Enter Email Address
<-- Enter Customer Bill Tag if not already done
<-- Will fill in automatically. Change only if different from Ship
<-- Will fill in automatically. Change only if different from Ship
<-- Will fill in automatically. Change only if different from Ship
<-- Enter Model Number <b>(USE CAPS)</b>
<-- Enter Serial Number <b>(USE CAPS)</b>
<-- Enter GCC case number if applicable
<-- Enter Cap Code if known
<-- Enter Baud Rate if known
<-- Enter Frequency
<-- Enter Service Provider



Fill Out Form

<-- Enter Purchase Order Number
<-- Place an "X" if unit is under extended warranty
<-- Place an "X" if unit is out of warranty and has proof of purchase
<-- Enter exactly as is on APO
<-- Place an "X" if it is okay to bill you for any above contract charges
<-- Place an "X" if you approve only Flat Rate
<-- Enter Time & Material Dollar Amount not to Exceed if <b>Estimate only</b>
<-- Place an "X" if you would like your Motorola account billed for repair of unit
<-- Enter exactly as is on APO
<-- Place an "X" if check was sent in with unit
<-- Place an "X" if <b>taxable (for check or credit card only)</b>
<-- Place an "X" if <b>non-taxable (include tax exempt form) (for check or credit card only)</b>
<-- Enter if you would like to charge repair to your Credit Card

**e Motorola Radio Support Center.**

Our Customer Representatives are ready to help you. For Paging Inquiries, Warranty or New Product Information, please call 800.927.2744 (Authorized Dealers and Servicers) or 888.567.7347 (For All Other Customers)

**MOTOROLA-PAGER REPAIR**  
1220 DON HASKINS DR SUITE A  
EL PASO, TX 79936  
PHONE: 1.800.227.6772  
FAX: 1.800.318.0281

TICKET# / REQ ID \_\_\_\_\_ DOMESTIC USE ONLY \_\_\_\_\_ RETURN REASON \_\_\_\_\_ PAGER REQUEST FORM \_\_\_\_\_

**MOTOROLA USE ONLY**

**CUSTOMER INFORMATION**

CUSTOMER # \_\_\_\_\_ SHIP TAG# \_\_\_\_\_

**SHIP TO ADDRESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Indicate where you want the unit shipped AFTER repair/service

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
(Cannot be PO Box)

City, St and Zip \_\_\_\_\_  
Technical Contact Number \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Name \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

**BILL TO ADDRESS:**  Same as ship to address BILL TAG# \_\_\_\_\_

Company Name \_\_\_\_\_  
PO Box or Street Address \_\_\_\_\_  
City, St and Zip \_\_\_\_\_

\*IMPORTANT NOTE\* Customers who have a profile or account on file are not required to send credit card information

**FAILURES**

**SYMP T O M**

A:  AUDIO F:  DISPLAY K2:  BATTERY DOOR S:  LABEL

B:  DEAD G:  CHECK OPERATION L:  HOUSING U:  NO COMPLAINT

B1:  DISABLED H:  INTERMITTENT M:  LIGHT W:  REPROGRAM

C:  FREQUENCY CHANGE I:  SWITCH N:  RESET

(New Frequency) J:  VOLUME CONTROL O:  NO PAGE X:  SQUELCH

D:  BATTERY K:  DAMAGED P:  VIBRATOR Z:  STORED VOICE

E:  POOR RANGE K1:  BROKEN BELT CLIP R:  LENS

OTHER SPECIFY BELOW \_\_\_\_\_

**Further Description of Problem:** \_\_\_\_\_

**UNIT INFORMATION**

MODEL # \_\_\_\_\_ DATE OF MANUFACTURE \_\_\_\_\_

SERIAL # \_\_\_\_\_ (YR)Position 5 (MO) Position 6

C	2002	A/B	JAN
D	2003	C/D	FEB
E	2004	E/F	MAR
F	2005	G/H	APR
G	2006	J/K	MAY
H	2007	L/M	JUN
J	2008	N/P	JUL
K	2009	Q/R	AUG
L	2010	S/T	SEP
M	2011	U/V	OCT
N	2012	W/X	NOV
		Y/Z	DEC

Example: 

6	4	6	B	Y	V
---	---	---	---	---	---

1 yr Standard Warranty Manufactured in 1998, October  
Warranty Expires Oct 31, 1999

**GCC#** \_\_\_\_\_

If the standard warranty has expired, you must complete the AUTHORIZATION section

**AUTHORIZATION**

**Purchase Order Information** (If required by your profile) **PO#** \_\_\_\_\_

**REPAIR SERVICE ADVANTAGE OR PROOF OF PURCHASE**

REPAIR SERVICE ADVANTAGE  **Proof of Purchase Instructions:** If the pager was purchased within the last year: Attach a copy of the PROOF OF PURCHASE (Bill of sale or receipt showing the DATE OF PURCHASE and the SERIAL NUMBER of the pager) when sending a pager in for repair.

**CONTRACT INFORMATION**

CONTRACT NUMBER \_\_\_\_\_ **MA/SA/DD#** \_\_\_\_\_

Bill me for any above contract charges

**OUT OF WARRANTY (Pick appropriate billing rate)**

FLAT RATE ONLY  TIME & MATERIAL Do Not Exceed **\$40.00 Estimate Fee Applicable**

**BILLING INFORMATION (Payment must be made by Check or Credit Card if you do not have an open account with Motorola)**

Bill my MOTOROLA ACCOUNT (for non-warranty repairs)

Bill my RRB/SRB CONTRACT # **RRB/SRB#** \_\_\_\_\_

**Check Included** (Please reference serial number(s) on check)  
 Taxable (Please include applicable sales tax)  Tax exempt (Please include tax exempt form)

Bill my CREDIT CARD (AMERICAN EXPRESS - VISA - MASTERCARD ACCEPTED)

If you have a Motorola Customer Number you may Initiate an RMA on MOL and put your credit card information on the RMA.

**OR**

You may call 800.227.6772 and give your credit card information.

**SYSTEM**

**System**

Cap Code (If Known) \_\_\_\_\_ Baud Rate (If Known) \_\_\_\_\_

Frequency \_\_\_\_\_

Service Provider \_\_\_\_\_

**ACCESSORIES**

**It is not recommended to send accessories with your pager**

NONE  CLIP  HOLSTER  CHARGER **DATE CODE:** \_\_\_\_\_

BATTERY  OTHER: \_\_\_\_\_

- Additional Information/Instructions:**
- Please fill this form out as completely as possible to avoid delaying the servicing of your pager.
  - We return pagers via UPS whenever possible and therefore cannot deliver to P.O. Boxes.
  - Keep a copy of this form for your files.
  - Use a traceable carrier to ship your pager in.
  - Ship units to: Motorola, 1220 Don Haskins Dr Suite A, El Paso, TX 79936

**\*\*\*Note\*\*\*:** By sending equipment to the Motorola Radio Support Center (RSC), Customer authorizes the RSC to bill Customer at the RSC's prevailing rates for service provided on the equipment (unless such equipment is covered under a Motorola warranty or other formal contract duly signed by an authorized representative of Motorola, in which case the Warranty or such other formal contract shall apply). The terms and conditions for such service shall be the RSC's standard terms and conditions for such service (or, if applicable, the provisions of such warranty or other formal contract). If Customer has sent in a Purchase Order, then the RSC's standard response to common purchase order terms and conditions shall apply (or, if applicable, the provisions of such other formal contract), instead of the PO. By permitting this equipment to be sent to the RSC for repair, Customer affirms that the sender is authorized to do so in accordance herewith. Customer shall be bound by the terms of this Return Material Authorizations (RMA) whether or not this RMA is signed. Customer understands that, should equipment be returned unrepaired, the sender will be charged an estimate or handling fee. If no box is checked in the Authorization section and a customer has a Radio Repair Bank account, all repairs will automatically be debited against that account.

Important Phone #'s: For all parts and accessories, please call 800-422-4210.