

## Incident Form / Return Material Authorization

Please complete this form and send it along with item/s being returned and/or repaired.

**Note:** Federal Law concerning the shipment of dangerous goods (Dry Gas Standards): Some versions of the EC/IR and Alcomonitor CC have Dry Gas Standards housed inside. These must not be in the instruments when they are returned to us for service. The shipment of Dry Gas Standards without proper dangerous goods labeling is against the law. It can also damage the regulator and the instrument if subjected to rough handling during shipping. Contact Intoximeters before returning a dry gas standard.

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Instrument Model	Serial #	Reason for Return (List any unusual circumstances, prior history of the equipment, or operating conditions, which may have a bearing on the cause for return)

Complete the following when sending an item for repair.

<b>A</b>	<input type="checkbox"/> I authorize all checkout and repair fees - No estimate required
	Signature: _____ Date: _____
<b>B</b>	<input type="checkbox"/> I request an estimate - A \$40.00 checkout fee will be billed for each instrument. Fee does not include any parts or labor necessary. Intoximeters reserves the right to return the instrument in the same condition as it was received along with an invoice for the appropriate checkout charge per unit plus all shipping charges if we do not receive a response within 15 days of the email/faxed estimate.
	*Signature: _____ *Date: _____
	*Via Email: _____ *Fax: _____
	To the attention of (if different than above): _____ *Indicates required information

If choosing Option B, complete section 1, 2, or 3 below:

<b>1</b>	<input type="checkbox"/> A purchase order number is required before checkout or repair of an instrument	<b>2</b>	<input type="checkbox"/> A purchase order number is NOT required. The work is authorized by the undersigned:
	PO#: _____		Signature: _____ Print Name: _____
<b>3</b>	<input type="checkbox"/> Payment with Credit Card - All fields must be complete		
	*Card Number: _____ *Expiration Date: _____		
	*Card Holder Name: _____ *CVV2 Code: _____		
	*Address: _____ *Indicates required information		
	*City, State, Postal Code: _____		

All repairs are returned via ground service unless otherwise requested. If you require a faster return method check the box below.

Please expedite the return of my instrument(s) by shipping via overnight express (your account will be billed accordingly).

**Note:** Intoximeters shall not be responsible for any custom software, custom configuration information, or memory data of customer information contained in, stored on, or integrated with any products returned to Intoximeters pursuant to any warranty, repair or recertification. Prior to the instrument return all stored data, settings, and custom software required by the customer should be saved or secured by the customer.