

# RETURN MATERIAL AUTHORIZATION (RMA)



In order to track and expedite the service process, a RMA form must accompany all equipment returned for service. **Complete all three steps and place the form in the shipping case with the equipment.**

1. Contact BI Customer Business Service at **800.241.5178 option 2** or from our website **www.bi.com**, click the *Service & Warranty* link at the bottom of the page and then click *Download the RMA Request (PDF)*. Complete the form and click the *Submit* button to email the form to the RMA Helpdesk (**hdrma@bi.com**) to obtain a RMA number. The RMA helpdesk will send you an email with your RMA number. The RMA number is valid for 30 days from the date it was issued.
  - Record the RMA number in the space provided in step 2.
  - Make a copy of the completed RMA form, and retain it for your records.
  - Pack equipment in the original shipping case. **For units exposed to a biohazard risk such as TB, HIV, or Hepatitis, please place the unit in a plastic bag labeled with the specific biohazard prior to packing in the shipping case.**
  - Please leave all straps, batteries, buckles, and latches on the unit when returning to BI Incorporated. An installation kit and/or supplies for a new installation will be returned with the unit.
  - Enclose the original RMA form in the shipping case with the equipment.
  - Ship equipment to: BI Incorporated, 6265 Gunbarrel Avenue, Suite B, Boulder, CO, 80301.
  - Contact Customer Business Service Monday through Friday between 7:00 am - 5:00 pm Mountain Time at **800.241.5178 option 1** for any information regarding serviced equipment.

## 2. AGENCY INFORMATION (where BI Incorporated should return repaired/replaced equipment)

RMA #: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Site Code/Customer Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## 3. PRODUCT INFORMATION

Serial Number \_\_\_\_\_ (check all that apply)

<input type="checkbox"/> Will not call in	<input type="checkbox"/> False tampers	<input type="checkbox"/> Calibration due	<input type="checkbox"/> Requires testing/updates
<input type="checkbox"/> No GPS	<input type="checkbox"/> Battery low, failed	<input type="checkbox"/> No power up, no lights	<input type="checkbox"/> Return to stock/excess inventory
<input type="checkbox"/> Missed callback	<input type="checkbox"/> Will not charge	<input type="checkbox"/> Case/client damage	<input type="checkbox"/> <b>Failure analysis - must complete info on page 2</b>
<input type="checkbox"/> Strap tamper	<input type="checkbox"/> Return abscond	<input type="checkbox"/> Requires maintenance	<input type="checkbox"/> Other _____

Please check all accessories included:

<input type="checkbox"/> Adjustable Strap	<input type="checkbox"/> Fixed Strap	<input type="checkbox"/> Buckle	<input type="checkbox"/> Phone Jumper	<input type="checkbox"/> Phone Cord	<input type="checkbox"/> Power Supply/Transformer
<input type="checkbox"/> Distribution Box	<input type="checkbox"/> Unit Cable	<input type="checkbox"/> Battery	<input type="checkbox"/> Power Jumper	<input type="checkbox"/> Power Cord	<input type="checkbox"/> Battery Charger

## BI INCORPORATED PRODUCT SERVICE POLICY STATEMENT

For non-warranty customers, BI will fax an assessment with an accurate invoice amount for repair. **For customer-owned equipment that is not under warranty, a minimum \$50 per unit charge will be applied for all equipment returned for estimate-even if no repair is authorized** (charge does not apply to BI-owned equipment or leased equipment under warranty).

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BI will complete a failure analysis (FA) request for one of the following reasons:

- To determine any client related damage and the associated costs for restitution purposes
- To validate the functionality of the equipment for revocation/court hearings
- To identify an equipment related issue/failure not otherwise caused by the client or previously identified by BI

Please complete the following information to assist with a timely and thorough FA:

Reason for FA request? \_\_\_\_\_

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_

Number of Occurrences: \_\_\_\_\_

Will the client be charged for repair costs?  Yes  No

If the FA response is part of a revocation/court hearing, what date is it required? \_\_\_\_\_

Did you contact BI to help troubleshoot the issue?  Yes  No

If yes, did they advise you to return the unit?  Yes  No

Was the unit replaced?  Yes  No

If yes, is the new unit working as expected?  Yes  No

What is the replacement unit serial number? \_\_\_\_\_

Is this a replacement unit?  Yes  No

If yes, please provide the original equipment serial number \_\_\_\_\_