

# RETURN MATERIAL AUTHORIZATION (RMA)



To track and expedite the service process, an RMA form must accompany all equipment returned for service. **Complete the steps below and place the form in the shipping case with the equipment.**

- Request an RMA Number:** Contact BI Customer Business Service at 800.241.5178 option 2 or visit [www.bi.com](http://www.bi.com) to submit a request online.
- Complete the RMA Form:** Remember to make a copy of your completed form for your records.

RMA #: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENCY INFORMATION** (where BI Incorporated should return repaired/replaced equipment):

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_

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

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

**PRODUCT INFORMATION** Check all that apply:

- Missed Callback
- Calibration due
- Battery low or depleted
- Requires maintenance/testing/updates
- No GPS
- Will not charge
- No power up, no lights
- Return to stock/excess inventory
- Tamper Event
- Return abscond
- Case/client damage
- Failure analysis - must complete info on page 2**
- Out of box failure, will not call in
- Other \_\_\_\_\_

**SERIAL NUMBERS** Include all serial numbers below:











\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Pack Equipment:** Pack equipment ***including all accessories*** received with the unit in a cardboard box with the original RMA form. Please leave the straps, batteries, and clips on the unit. **Handwrite the RMA number or affix a label with the RMA number on the exterior of the box.**

Check accessories included:

<b>TAD</b>	<input type="checkbox"/> Adjustable Strap		<input type="checkbox"/> Fixed Strap		<input type="checkbox"/> Buckle	
<b>LOC8 XT</b>	<input type="checkbox"/> Beacon		<input type="checkbox"/> Recharger		<input type="checkbox"/> Charging Station	
<b>VeriWatch</b>	<input type="checkbox"/> Transfer Battery		<input type="checkbox"/> Power Bank		<input type="checkbox"/> Y-cable	
<b>All Products</b>	<input type="checkbox"/> Power supply		<input type="checkbox"/> Cords (power, phone, etc.)		<input type="checkbox"/> Unable to retrieve accessories/ accessories not returned	

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4. **Ship Equipment:** Use a FedEx label to ship equipment to BI Incorporated, 6265 Gunbarrel Avenue, Suite B, Boulder, CO 80301.

## PLEASE NOTE:

- Shipments arriving at BI will not be accepted without a completed RMA form and the pre-authorized RMA number printed on the exterior of the package.
- Any units exposed to **BIOHAZARD** risks such as TB, HIV, MRSA, or Hepatitis, must be returned in a securely enclosed, watertight bag, and then placed in a second securely enclosed, watertight bag. Label the second bag as **BIOHAZARD** and include the unit's serial number.
- **Product Service Policy:** For non-warranty customers, BI will fax a letter stating the assessment with an accurate invoice amount for the repair. A minimum \$50 per unit charge will be applied for all non-warranty equipment returned for estimate, even if no repair is authorized.

## Failure Analysis (FA) Requests

**Remember to leave the unit as is, do not disassemble. Return the unit with all accessories for a complete FA.**

BI will complete a 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

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 agency seek restitution for client-related damage?  Yes  No

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

Was the unit replaced?  Yes  No

If yes, is the new unit working as expected?  Yes  No Replacement unit serial #: \_\_\_\_\_

Is this a replacement unit?  Yes  No

If yes, provide the original unit serial #: \_\_\_\_\_