

RETURN MATERIAL AUTHORIZATION (RMA)



To track and expedite the service process, an RMA must be requested for all equipment returned for service. **Complete the steps below.**

1. **Request an RMA Number:** Email BI Customer Business Service at hdrma@bi.com or visit www.bi.com to submit an online request.

2. **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: _____

3. **PRODUCT INFORMATION:** Each device with a serial number must be listed below with a reason for return.

Serial Number		Reason for Return		Serial Number		Reason for Return	
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			





4. **Pack Equipment:** Place all equipment *including all accessories* received with the unit in a cardboard box unless the unit is a Biohazard risk. Any units exposed to **BIOHAZARD** risks such as TB, HIV, MRSA, Hepatitis, or bed bugs 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.

Check accessories included:

BI HomeGuard® <input type="checkbox"/> Power supply <input type="checkbox"/> Phone Cord 	BI Mobile® <input type="checkbox"/> Power plug & cord 	BI VeriWatch® <input type="checkbox"/> Transfer Battery <input type="checkbox"/> Power bank & cord <input type="checkbox"/> Y-cable
BI TAD® <input type="checkbox"/> Power supply <input type="checkbox"/> Phone Cord 	<input type="checkbox"/> Adjustable strap <input type="checkbox"/> Fixed strap 	BI SL3® <input type="checkbox"/> Power plug & cord <input type="checkbox"/> Case

RETURN MATERIAL AUTHORIZATION (RMA)



BI LOC8® XT				<input type="checkbox"/> Unable to retrieve accessories/ accessories not returned
<input type="checkbox"/> Small strap 	<input type="checkbox"/> Beacon 	<input type="checkbox"/> Recharger 	<input type="checkbox"/> Charging Station 	

5. **Ship Equipment:** Use a FedEx label to ship equipment to BI Incorporated, 6265 Gunbarrel Avenue, Suite B, Boulder, CO 80301. **Handwrite the RMA number or affix a label with the RMA number on the exterior of the box.**

Fed Ex Tracking Number: _____

PLEASE NOTE: Shipments arriving at BI will not be accepted without a pre-authorized RMA number printed on the exterior of the package.

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

- BI will complete a FA request for one of the following reasons ONLY:
 - To determine client-related damage and identify any associated repair/replacement costs for restitution purposes
 - To validate the functional condition of a unit for revocation/court hearings
- The unit must be returned "As Is" in order to verify damage to or tampering with the device.
 - All accessories must be returned with the device in order for BI to replicate the issue(s)/condition(s)
 - Do not leave the charger/transfer battery attached to the device
- 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 #: _____