

Return Material Authorization (RMA) Form

General information

Company name: _____

PO number: _____

Invoice number: _____

Receive date unit: _____

Current location of unit: _____

PN: _____

SN: _____

Reason RMA request (please tick appropriate box)

- ☐ Failed during operation
- ☐ Failed on fit
- ☐ Discrepancy at receiver
- ☐ Other: _____

Please elaborate RMA reason as detailed as possible*

*Please include pictures showing discrepancy

Complete the following information if installed

Installation date: _____

Aircraft registration: _____

FH since installation: _____

Cycles since installation: _____

Removal date: _____

Further action request: _____

Would you like to have the unit returned after warranty consideration?

☐ Yes

☐ No

When the RMA is accepted by AELS the unit needs to be back at AELS or shop within 5 (five) working days. AELS will provide all appropriate information.