Request for Return Material Authorization (RMA) Number

PLEASE NOTE: Customers are not authorized to return parts without express written approval from Measurement Specialties. Unauthorized returns will be rejected.

Your RMA will only be processed if it meets the following criteria:

1. Parts being returned must match original sales order.
2. Parts must be within warranty period. (Contact Customer Support Representative for warranty conditions)
3. Parts that fall within MEASUREMENT SPECIALTIES operating specifications or are deemed defective due to customer misapplication will be returned as is, and may be subject to a minimum of $250/€200 per unit evaluation fee.
4. Parts must be returned in adequate condition in proper packaging and shipping material (must adhere to ESD safety precautions, if applicable). Failure to do so will result in product returned to sender.
5. If you need immediate replacement, provide your Customer Support Representative with a new PO. Please note, MEASUREMENT SPECIALTIES reserves the right to return product which is deemed customer damaged or no fault found from the RMA.
6. Request for Failure Analysis (FAR) or Corrective Action (CAR) will be honoured in accordance with MEASUREMENT SPECIALTIES internal Quality guidelines.
7. Requests to return parts to the United States that are currently outside the United States must include the import declaration below.
8. ITAR parts: Special procedures apply to returns of parts subject to the International Traffic in Arms Regulations (ITAR). SEE ITAR INSTRUCTIONS ON THIS FORM. FAILURE TO COMPLY WITH THE ITAR INSTRUCTIONS MAY RESULT IN REJECTION OF YOUR REQUEST.
9. Customer is responsible for complying with all import and export requirements for returning parts to Measurement Specialties for repair/service.

SPECIAL INSTRUCTIONS FOR ITAR-CONTROLLED PARTS

1. If part is subject to the International Traffic in Arms Regulations (ITAR), customer must confirm ITAR status in Sensor Type section of this form.
2. If ITAR part is to be **returned to the United States from outside the United States**, customer must:
   a. Sign the declaration below.
   b. Upon receiving authorization from Measurement Specialties to return the part, the following language must be affixed to all US customs entry documentation: ***"This shipment is being imported in accordance with the authority of 22 CFR § 123.4(a)(1)."***
3. Comply with instructions below for shipping returned parts to the United States (if applicable).

SPECIAL INSTRUCTIONS FOR PARTS TO BE RETURNED TO THE UNITED STATES FROM OUTSIDE THE UNITED STATES (ITAR & NON-ITAR)

1. The commercial invoice (or other appropriate shipping documentation) must contain a complete list and description of the part, quantity, and value.
2. U.S. customs entry documentation should classify the return part(s) as follows:
   HTSUS 9801.00.10.12 with the following statement: "Product(s) of the United States returned after having been exported without having been advanced in value or improved in condition by any process of manufacture or other means while abroad. Article(s) returned temporarily for repair, alteration, processing or the like, the foregoing to be re-exported."
3. Customer must sign the declaration below.

CUSTOMER DECLARATION FOR RETURNED PARTS IMPORTED INTO THE UNITED STATES

I,_____, declare that to the best of my knowledge and belief the parts requested to be returned to Measurement Specialties were exported from the United States, on or about {Insert Year} _____, _____ and that they are returned without having been advanced in value or improved in condition by any process of manufacture or other means.

Print Name _____ Signature: _____

Title: _____ Date: _____

Section 1

Fill in all required data below. One form is required for each part number being returned. RMA numbers with return shipping instructions will be provided by email. Any information including data, pictures, detail failure info, etc. will expedite the processing of your RMA.

NOTE: FIELDS BELOW THAT ARE SHADED ARE REQUIRED TO PROCESS THE RMA REQUEST

RMA Request Date: _____

Sensor Type: Humidity ☐ Piezo ☐ Pressure ☐ Position ☐ Vibration ☐ Force ☐ Temperature ☐ Optical ☐ ITAR-Controlled ☐

Customer Information:

Customer Name:			
Customer Contact Name/Position:		Customer Contact Email:	
Customer Contact Phone:		Customer Fax Number:	
Customer Technical Contact Name/Position:		Customer Technical Contact Phone	
Customer Reference Number:			

Original Shipment Information:

Customer Address:			
Customer Part Number:		Meas-Spec Part Number:	
Customer Purchase Order No:		Meas-Spec Sales Order:	
Meas-Spec Invoice No:		Invoice Line No:	

RMA Information:

Expected RMA Ship Date:		Return Quantity	
Serial number(s) of RMA unit(s)			
Product Application:			
Return Reason:	Select the reason that best describes your issue either from the list below or the drop down menu on the right	Please Select	
Return Reason: Broken Bead/Wire; Electrical Failure; Mechanical Failure; Cosmetic Failure; Packaging Failure; Shipping/Order Failure; Other Failure; No Failure. Please add additional information in the space below to describe the failure.			
Detail Failure Info:			
Product Disposition Expectation:	Restock ☐ Charge Repair ☐ Credit ☐ Repair/Replace ☐		

Quality/Regulatory Information:

Is a Corrective Action (CAR) required?	**Yes** ☐	**No** ☐	Is a Failure Analysis (FAR) required?	**Yes** ☐	**No** ☐
If 'YES' – Section 2 must be completed			**If 'YES' – Section 2 must be completed**		
Medical Device Reportable (MDR) Incident:	i.e. Could the failure have caused injury or death to a patient			**Yes** ☐	**No** ☐

Section 2

NOTE: Section 2 MUST BE COMPLETED IF A FAR/CAR HAS BEEN REQUESTED

Detailed Failure/Test/Environmental Information:

Production Rejection Area: Incoming Inspection ☐ In Process ☐ Field ☐ N/A ☐

Operating Environment:

Temperature:		Humidity:	
Working Media		Time to Failure:	
Power Supply Voltage		Max Loading Frequency:	
Max Loading Acceleration:		Other Environment:	
Comments:			

Test Conditions:

How did you test the product?	
Which specification item did the product fail?	
Please include any other information or documents (eg: photo of visual rejection) that could be helpful in the evaluation of the product	

For Measurement Specialties Use Only

SS #: _____

Approval Signature: _____ Date: _____

Export Control Status: ☐ ITAR (License No. _____)
☐ EAR 99
☐ EAR License No. (_____)

QM Approval: _____ Date: _____

Export Compliance Approval: _____ Date: _____

Export Compliance Instructions: _____
_____
_____
_____
_____