**Return Material Authorization Request**

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| **Please email completed RMA Request form to:** **CustomerService@Emcore.com** |

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| --- | --- | --- | --- |
| **Customer Name:** |       | **Return Shipping Address :**  |       |
| **Customers Bill to Address:** |       |
| R**MA Contact:** |       | **Tel#:** |       | **Email:** |       |
| **Technical Contact:** |       | **Tel#:** |       | **Email:** |       |
| SHIPPING INSTRUCTIONS |       |
| Customer Freight Account #: |       |

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| * Evaluation fee for out-of-warranty units, customer induced failures, or non-repairable units returned to Emcore may apply plus additional charges as provided by Emcore.
* For non-repairable products, or units requested not to be repaired, customers will be responsible for the associated evaluation fees.
 |  | **Please provide the following information if available.**  |
|  | Original Emcore Order #: |       |
|  | Original Customer PO #: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMCORE Model #** | **Serial** **Number** | **Date Code** | **Qty** | **Failure** |
|       |       |       |       |       |
|       |       |       |       |       |
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**Please use an attachment with the required information if additional line items are needed.**