

**RETURN SHIPMENT AUTHORIZATION**

This completed form, along with a copy of the sample request letter and return shipping labels, must accompany all equipment. Failure to follow these instructions will delay testing of your equipment. All equipment and accessories, if any, must be listed and properly labeled.

Type of Equipment	FCC ID (if no FCC ID assigned, list model / type number)	Serial Number
SpectraGuard® Access Point / Sensor	<b>TOR-SS300ATC60</b>	
<input type="checkbox"/>	Please check if an additional sheet is used	

**Maggie Chen**  
 \_\_\_\_\_  
 Printed Name of Responsible Person

**maggiechen@quietek.com**  
 \_\_\_\_\_  
 Printed Email Address of Responsible Person

**Quietek Corporation**  
 \_\_\_\_\_  
 Name of Company

\_\_\_\_\_  
 Telephone no. (Include area code – USA ONLY)

Please check here if equipment is not to be returned.

If equipment is to be returned, please complete the following:

**No. 5-22, Rueishu Keng, Linkou Dist., New Taipei City 24451, Taiwan. R.O.C.**  
 \_\_\_\_\_  
 Complete shipping address, including ZIP code

**Preferred carrier for return shipment:**

**Quietek Corporation / Fedex account: 267427553**  
 \_\_\_\_\_  
 Name of company and your account number