

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
Serial Adapter	N/A	N/A
Adapter cable to Plug into module.		
ATTACH ADDITIONAL SHEET, IF NECESSARY		

Mike Heckrotte
Printed Name of Responsible Person

michael.heckrotte@cssemc.com
Printed Email Address of Responsible Person

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:

47173 Benicia St Fremont, CA 94538
Complete shipping address, including ZIP code

***Preferred carrier for return shipment:**

Name of company and your account number

*If no preferred carrier is listed, equipment will be returned COLLECT by freight.

UPS Customers: If equipment is to be returned via UPS, you must have call tags issued to the Laboratory within two weeks from the date you are notified. Otherwise, the equipment will be returned freight COLLECT.