



# OTC DAIHEN REPAIR REQUEST AUTHORIZATION FORM

Please complete ALL applicable & Email [service@daihen-usa.com](mailto:service@daihen-usa.com) or Fax 937.667.0885 OTC DAIHEN, Inc. Attn: Service

End User:		Distributor: (If Applicable)	
Company Name:		Company Name:	
Contact Name:		Contact Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
Phone #:		Phone #:	
Fax #:		Fax #:	
<b>PO# (see note 1):</b>		<b>PO# (see note 1):</b>	
Warranty Requested	Yes <input type="checkbox"/> No <input type="checkbox"/> (See note 2)	Warranty Requested	Yes <input type="checkbox"/> No <input type="checkbox"/> (See Note 2)
E-Mail:		E-Mail:	
<b>Description of Equipment:</b>			
Controller Type:	_____	Serial Number:	_____
Manipulator Type:	_____	Serial Number:	_____
Weld Power Source:	_____	Serial Number:	_____
Teach Pendant:	_____	Serial Number:	_____
Weld Interface:	_____	Serial Number:	_____
<b>Reason for RMA:</b>			
	<i>Preventive Maintenance</i>	<i>Repair &amp; Return</i>	
<b>Preventive Maintenance:</b>	<i>Annual (1yr) PM</i>	<i>3yr PM</i>	<i>6yr PM</i>
<i>Repair: ( Please complete the items below, be as specific as possible)</i>			
<b>Operation at time of Failure :</b>	<i>Diagnostics</i>	<i>Servo On</i>	<i>Teaching</i> <i>Auto</i>
<b>Type of Failure:</b>	<i>Error</i> <i>No Servo On</i>	<i>No Display</i>	<i>Noise</i> <i>Vibration</i>
	<i>Position Deviation</i>	<i>Teach Not Possible</i>	<i>Auto Not Possible</i> <i>Other</i>
<b>Symptoms at time of failure:</b>			
<b>Error Code(s):</b>			
<b>Additional Information:</b>			
<p>I, _____, hereby authorize OTC DAIHEN, Inc., or a representative of OTC DAIHEN, Inc., to provide technical labor and repair parts as deemed necessary to resolve the issue(s) indicated above. A <b>Purchase Order</b> reflecting the "<b>Not to Exceed Quote</b>" value as listed below will be issued to OTC DAIHEN, Inc. to begin the repair process. I understand that <b><i>failure to submit a purchase order will result in the equipment being returned unrepai</i></b>red .</p>			
<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p style="font-size: 1.2em; margin: 0;"><b>Not to Exceed Quote:</b></p> <p style="margin: 10px 0 0 20px;">\$ _____</p> <p style="font-size: 0.8em; margin: 0;">( OTC Daihen Internal Use Only )</p> </div>		<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p style="font-size: 0.8em; margin: 0;"><b>SHIP TO:</b></p> <p style="margin: 0;"><b>OTC DAIHEN, INC.</b></p> <p style="margin: 0;"><b>ATTN: SERVICE</b></p> <p style="margin: 0;"><b>1400 Blausner Drive</b></p> <p style="margin: 0;"><b>Tipp City, OH 45371</b></p> <p style="margin: 10px 0 0 20px;"><b>RMA #:</b> _____</p> <p style="font-size: 0.8em; margin: 0;">( OTC Daihen Internal Use Only )</p> </div>	
<b>Signed:</b>	_____	<b>Date RMA Issued:</b>	_____
<b>Dated:</b>	_____	<b>Issued by:</b>	_____
<b>Title:</b>	_____	<b>Date Material Received:</b>	_____
		<b>Received by:</b>	_____