OTC DAIHEN REPAIR REQUEST AUTHORIZATION FORM

Please complete ALL applicable & Email 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 #:	
PO# (see note 1):		**PO# (see note 1):**	
Warranty Requested	(please select one) **(See note 2)**	**Warranty Requested**	(please select one) **(See Note 2)**
E-Mail:		E-Mail:	

Description of Equipment:

Controller Type:		Serial Number:	
Manipulator Type:		Serial Number:	
Weld Power Source:		Serial Number:	
Teach Pendant:		Serial Number:	
Weld Interface:		Serial Number:	

Reason for RMA: ☐ *Preventive Maintenance* ☐ *Repair & Return*

Preventive Maintenance: ☐ *Annual (1yr) PM* ☐ *3yr PM*

Repair: *(Please complete the items below, be as specific as possible)*

Operation at time of Failure : ☐ *Diagnostics* ☐ *Servo On* ☐ *Teaching* ☐ *Auto*

Type of Failure: ☐ *Error* ☐ *No Servo On* ☐ *No Display* ☐ *Noise* ☐ *Vibration* ☐ *Position Deviation* ☐ *Teach Not Possible* ☐ *Auto Not Possible* ☐ *Other*

Symptoms at time of failure:	
Error Code(s):	
Additional Information:	

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 **Purchase Order** reflecting the **"Not to Exceed Quote"** value as listed below will be issued to OTC DAIHEN, Inc. to begin the repair process. I understand that ***failure to submit a purchase order will result in the equipment being returned unrepaired*** .

Not to Exceed Quote:

$_____

(OTC Daihen Internal Use Only)

SHIP TO:

OTC DAIHEN, INC.
ATTN: SERVICE
1400 Blauser Drive
Tipp City, OH 45371

RMA #:_____

(OTC Daihen Internal Use Only)

Signed:		Date Material Received:	
Dated:		Received by:	
Title:		Date Issued to Service:	
		Repair Order Number:	