

## **Return Materials Authorization Form (RMA)**

Please fill out completely, sign and return this form with your Nuclear Gauge

Section 1: License Information	
Licensee Name:	License #:
Expiration Date:	
Certified By:	Date:
Section 2: Customer Information	
Contact Name:	PO #:
Phone:	Email:
Ship to:	Bill to:
Section 3: Shipping	
To Humboldt:	Return to Customer:
COD Prepaid Motor Freight	COD Prepaid Motor Freight
1 Day 2 Day 3 Day 3	1 Day 2 Day 3 Day 3
Section 4: Gauge Information	Frequency of Calibration 12 24 Months
Gauge Manufacturer: Model:	Serial Number:
(Separate RMA should be filled out for each gauge)	
Last Leak Test Date: (per your	r license requirement)
Services Needed:	
Calibration Leak Test Repair I	Lease Return Disposal
Cleaning/Lubrication/Replace Seals/Electronic Check	
List Repairs Needed or Detail of Problem:	
Form Completed by:	Date:

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