

Return Authorization Request

* *Required Information – email completed form to RMA.Support@gd-ms.ca*

Customer Contact Information

First Name*

Click here to enter text.

Last Name*

Click here to enter text.

Company Name*

Click here to enter text.

Phone*

Click here to enter text.

Fax

Click here to enter text.

E-mail*

Click here to enter text.

Customer's Return Address

Address 1*

Click here to enter text.

Address 2

Click here to enter text.

City*

Click here to enter text.

State/ Province*

Click here to enter text.

Country*

Click here to enter text.

Postal/Zip Code*

Click here to enter text.

Customer's Ship To Address

Address 1*

Click here to enter text.

Address 2

Click here to enter text.

City*

Click here to enter text.

State/ Province*

Click here to enter text.

Country*

Click here to enter text.

Postal/Zip Code*

Click here to enter text.

Item 1 Information

Serial Number*

Click here to enter text.

GDMS-C Part Number*

Click here to enter text.

Purchase Order Number*

Click here to enter text.

Failure Description Failure Analysis Required? Unit has been used in the field Unit has no image display CAR Required? Unit has been tested in the lab Click here to enter text. Unit does not power up Click here to enter text.

Please describe the unit problem(s)

Note: Please fill with as much information as possible

Click here to enter text.

Please describe the environment in which the unit(s) was(were) used

Note: This info will be used to debug and is needed to process the RMA

Click here to enter text.

GENERAL DYNAMICS

Mission Systems–Canada

Item 2 Information

Serial Number*

[Click here to enter text.](#)

GDMS-C Part Number*

[Click here to enter text.](#)

Purchase Order Number*

[Click here to enter text.](#)

Failure Description

Failure Analysis Required?

CAR Required?

Unit has been used in the field

Unit has been tested in the lab

Unit does not power up

Unit has no image display

Click here to enter text.

Click here to enter text.

Please describe the unit problem(s)

Note: Please fill with as much information as possible

[Click here to enter text.](#)

Please describe the environment in which the unit(s) was(were) used

Note: This info will be used to debug and is needed to process the RMA

[Click here to enter text.](#)

Item 3 Information

Serial Number*

[Click here to enter text.](#)

GDMS-C Part Number*

[Click here to enter text.](#)

Purchase Order Number*

[Click here to enter text.](#)

Failure Description

Failure Analysis Required?

CAR Required?

Unit has been used in the field

Unit has been tested in the lab

Unit does not power up

Unit has no image display

Click here to enter text.

Click here to enter text.

Please describe the unit problem(s)

Note: Please fill with as much information as possible

[Click here to enter text.](#)

Please describe the environment in which the unit(s) was(were) used

Note: This info will be used to debug and is needed to process the RMA

[Click here to enter text.](#)

If you have more than 3 units to return, please attach the required information to the email.