



**A-METRICS LTD.**

Date: \_\_\_\_\_

**RMA Request**

Contact Name:		
Company Name:		
CNSC License No:		
Street Address:		
City:		
State / Province:		
Postal Code:		
Country:		
Phone Number:		
Email Address:		
Courier Account No.:		
Service Request:		
Survey Meter Make and S/N:		
Survey Meter Calibration:		
Wipe Test Isotope / s:		
Sealed Source Wipe Test:		
Wipe Test Kit required: Yes      No	Number Required:	
Type of Wipe Test Kit needed:	Q-Tip style: <input type="checkbox"/>	Cotton Swab: <input type="checkbox"/>

Comments:

Please indicate return instructions, eg. department, floor, receiving, etc.  
All duties, taxes and brokerage fees associated with your equipment shipments will be charged back.