

# REPAIR AUTHORIZATION REQUEST (RA)



For proper processing please fill out RA completely and return with the shipment

RA #:	Date:
Company:	
Contact Name:	
Email:	
Phone:	Fax:
PO or Order# (if known):	

## PRODUCT INFORMATION

PART NUMBER	DESCRIPTION	QUANTITY	SERIAL # (If Applicable)

\*Attach additional pages if returning more than 5 parts

Comments or Additional Reason for Return:

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**\*\*PACK CAREFULLY TO PREVENT DAMAGE. PLACE ALL ITEMS IN CLEAN PLASTIC BAGS TO KEEP PACKAGING MATERIALS FROM CONTAMINATING PRODUCT\*\***

### PLEASE RETURN UNIT AND RA PAPERWORK TO:

SISKIYOU CORPORATION  
PRODUCT RETURN DEPARTMENT  
110 SW BOOTH STREET  
GRANTS PASS, OR 97526-2410  
TEL 1-877-313-6418 FAX 541-479-8697