



Customer Care Center

Phone: 800-368-3277 / Fax: 321-409-4393
<https://www.harris.com/solution/pspc-customer-service> (On-line)

U.S. RETURN REQUEST FORM

This form submittal works best in
Internet Explorer

Please Select **ONE** of the Following:

Request for Repair
Replacement- Wrong Shipment
Warranty Replacement- Defective Material
Warranty Replacement- DOA (Dead on Arrival)
Other _____
Return for Credit (Restocking Fees May Apply)
Unopened Opened

1. REQUESTOR NAME:		2. ACCOUNT #:			
3. COMPANY:		4. EMAIL:			
5. PHONE:		6. FAX:			
7. SUBMITTING REQUEST ON BEHALF OF:		8. REQUEST DATE:	9. PURCHASE DATE:		
11. BILL TO ADDRESS:		12. SHIP TO ADDRESS:			
		13. SHIP ATTENTION:			
14. SHIP VIA: OVERNIGHT 2 DAY SERVICE BEST WAY		15. SHIP COMPLETE:			
16. HARRIS PART NO. OR MODEL NO. If equipment, identify all options ordered with original purchase requesting a return.	17. DESCRIPTION	18. QTY	19. SERIAL NUMBER (Date Codes for parts, i.e. Batteries & Mics)	20. (REV) Revision	21. REASON FOR RETURN If defective provide complaint/malfunction (Include TSM # if applicable) (Additional costs for repairs could be assessed for insufficient failure description)
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
Complete this section for REPAIR REQUESTS ONLY:					
22. TECHNICIAN CONTACT NAME:		23. PHONE #:	24. SPECIFIC SYSTEM REQUIREMENTS (Software version, radio code, etc.):		
25. BILLABLE PO #:	26. Please Select ONE of the Following:				
	Warranty				
	NonWarranty				
27. RUSH SERVICE REQUESTED (\$125.00 CHARGE) US Only	Maintenance Contract				
THE FOLLOWING INFORMATION TO BE COMPLETED BY HARRIS CORPORATION					
AUTHORIZED DATE:	CHARGE LABOR ACCOUNT #:	CHARGE MATERIAL ACCOUNT #:	RSM/CSM REFERENCE #:	RMA Warranty Replacements:	
				YES NO	
AUTHORIZED BY:	REPLACEMENT ORDER #:	RETURN RMA #:	DATE ISSUED:	APPLY RESTOCKING FEES:	
				YES NO	
COMMENTS:					

My signature below acknowledges that I have read and agree to all terms and conditions, including the important information section.

X _____
NOTICE: Upon selecting one of the SUBMIT buttons, an email should automatically launch including the form as an attachment to appropriate email address. Edit email and send for a successful submission. Please email form to the above address if auto-email doesn't launch.

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Select **ONE** to SUBMIT Form:



IMPORTANT INFORMATION REGARDING REQUEST

- Do not return any items until receipt of your Return Material Authorization (RMA) number.
- A copy of the issued RMA must be enclosed in each crate/package of equipment being returned. Also include a copy of this form with the RMA in all crates/packages. The RMA number is used for receiving, processing, tracking, and shipping customer repairs.
- **RMA numbers:** For non-return of material on Advance Replacement RMA's the recipient will be billed at the normal sale price if the material has not been returned within 60 days of receipt of replacement material. All other RMA's expire if the material is not returned within 60 days of receipt of RMA.
- When calling for status updates, please have the RMA number available. Maintain a copy of this form and RMA number for your records.
- **ACCESSORIES** are not repaired and **SHOULD NOT BE RETURNED** (except for power amp cabling). Accessories consist of microphones, lanyards, antennas, batteries, mounting brackets, radio cabling, filter assemblies, chargers, speaker-mics, etc. Harris Corporation is not responsible for lost accessories.
- Do not include any accessories with return unless they are the accessories being warranty replaced.
- Any material not listed on the approved RMA may be returned to the customer at the customer's expense.
- Warranty repair/replacement **DOES NOT** cover misuse, mishandling or unauthorized product modifications.
- **FLAT RATE REPAIR ESTIMATES** are based upon reported defects at RMA issuance. A single flat rate quote covers a single condition. Upon unit receipt and evaluation, newly discovered repair requirements will be quoted prior to repair.
- **Regarding Repairs:** An estimate will be provided when the evaluation determines that: 1) the unit is beyond repair; 2) repair charge is greater than the reasonable expectation for that unit; or 3) repair charge exceeds the flat rate. If estimate is declined, an evaluation fee will be assessed. The evaluation fee and/or the non-flat rate repair charge will vary depending upon equipment type. Go to <https://www.harris.com/solution/pspc-customer-service>
- All prices and products for repairs are subject to change without notice.
- All repairs include a 90 day warranty.

[US DOT Regulation 49CFR173.21\(c\)](#)

CUSTOMER HAZARDOUS MATERIAL RETURN SHIPMENT LIABILITY: U.S. domestic batteries being returned by ground or air must adhere to Federal Department of Transportation regulation 49 CFR 173.21(c); reference above link for detail. For additional packaging guidance, call the DANGEROUS GOODS HOTLINE 1-800-GO-FEDEX ext. 81 or the USDOT HAZMAT Help Line 1-800-467-4922 ext. 1. **Ground shipments require advice from the dangerous goods hotlines provided. In order to ship via air, the facility must be certified in accordance with Transportation Regulations for Lithium Batteries.** Additional handling charges and DOT fines may be assessed for batteries not packaged according to the above regulation.

Warranty literature is available for review online:

[View U.S. Equipment and Battery warranty, along with Canadian Equipment and Battery warranty information here.](#)

Instructions on How to Complete Form

These instructions detail the information needed to complete the Return Request form.

1. **REQUESTOR NAME:** Person to be contacted if Harris Corporation has any questions about the request.
2. **ACCOUNT #:** The account number for the billing address, if applicable.
3. **COMPANY:** The business or organization that the requestor works for.
4. **EMAIL ADDRESS:** Address where **REQUESTOR** may be emailed.
5. **PHONE NO:** Number where **REQUESTOR** may be reached during normal business hours.
6. **FAX NO:** Number where **REQUESTOR** may be faxed.
7. **SUBMITTING REQUEST ON BEHALF OF:** End user, business, or entity, if differs from requestor's company.
8. **REQUEST DATE:** Date of customer request
9. **PURCHASE DATE:** Original date the equipment was purchased.
10. **ORIGINAL SALES ORDER OR P.O. #:** The sales order or purchase order that the equipment was originally purchased.
11. **BILL TO:** Address of account being billed (or credited) for service or request. **(REQUIRED)**
12. **SHIP TO:** Address product will be returned to upon repair or replacement. **(REQUIRED)**
13. **SHIP ATTENTION:** If applicable, person's attention product is shipping to.
14. **SHIP VIA:** Preferred shipping method for repairs or replacements. (Repairs- The customer is responsible for shipping charges). If under warranty, Harris will choose the shipping method at Harris' expense.
15. **SHIP COMPLETE:** Check if all items should be returned in one shipment once repaired/replaced. Do not check if items can be shipped separately after repairs are completed.
16. **HARRIS PART NO. OR MODEL NO:** Part number of device being requested i.e., EA101292V12.
17. **DESCRIPTION:** Name of requested item i.e. (Power Amplifier).
18. **QTY:** Number of units being requested on this line.
19. **SERIAL NUMBERS:** List serial numbers of all items where applicable, (ie. radio chassis serial number for any component associated with mobile or portable, base station serial number for any component associated with station, rack serial number for components that do not carry a Harris serial number tag, etc.) or Date Codes, for parts, i.e. batteries and microphones.
20. **REV (REVISION):** List revision of all items where applicable.
21. **REASON FOR RETURN:** For repair or replacement request reason for return, "Broke, Does Not Work, or Defective" is not enough information to support the most accurate repair evaluation and result. Insufficient information may result in additional evaluation fees. Any other information relative to the malfunction should be sent as an attachment with the RMA request.
22. **TECHNICIAN CONTACT NAME:** Name of technician that the Repair Center may contact regarding technical faults.
23. **PHONE #:** Number where technician can be reached.
24. **SPECIFIC SYSTEM REQUIREMENTS:** Modified per, or any other necessary information, or firmware version, i.e. ECP 14.18 or R05D0003.
25. **BILLABLE P.O.:** The P.O. # to be referenced on the invoice for billable repairs.
26. **PLEASE SELECT ONE OF THE FOLLOWING: WARRANTY:** Check if repairs are expected to be covered under warranty. Original sales order number and serial number must be provided, if available. **NON WARRANTY:** Check if repairs are NOT expected to be covered under warranty. A PO must be provided for the repairs. **MAINTENANCE CONTRACT:** Check if repairs are expected to be covered under a Harris maintenance agreement.
27. **RUSH SERVICE:** This is only available for terminals. Check this box if two-day expedited repair service is requested. Shipping time and non-warranty freight charges are not factored into this two-day rush option.

Harris Corporation will make final determination of warranty status.

For detail, see Standard Terms and Conditions of Sale <https://www.harris.com/solution/pspc-customer-service>