



Please complete this RMA form and email it to our Customer Services team at [customerservice@cav-systems.com](mailto:customerservice@cav-systems.com)

**We must acknowledge receipt of this form, please wait for confirmation with return instructions before you ship any items back. UNAUTHORISED RETURNS CANNNOT BE ACCEPTED.**

This form **MUST** be completed in full or it will be rejected.

Part Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Reason for return: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Warranty:  Yes  No

Flight Hours Available:  Yes  No Total Flight Hours: \_\_\_\_\_

**I can confirm that the above information is accurate and that I will await RMA verification from CAV Systems Customer Service team before returning any items.**

Existing Customer:  Yes  No

Company Name (if required): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Tel No: \_\_\_\_\_  
*(if different from above)*

Courier / Shipping Account No: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

\_\_\_\_\_

Bill To Address: \_\_\_\_\_  
*(if different from above)*

\_\_\_\_\_

Bill To Contact Name: \_\_\_\_\_ Bill To Tel No: \_\_\_\_\_  
*(if different from above)*

Bill To Email: \_\_\_\_\_  
*(if different from above)*

Payment Method: \_\_\_\_\_ Date: \_\_\_\_\_