

# Metro Aviation, Inc.

## Service Request Form

POC: Goggle Maintenance, Phone 318.222.5529, Fax 318.222.0503

### Ship to Information:

Company Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_

### Bill to Information:

Company Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_

Customer PO#	Ship Via (Fed Ex / UPS)	Customer Shipping Account #	Shipping Account Billing Zip Code	Delivery Time – Overnight/2- Day/Ground

Quantity	Part Number & Serial Number	Unit Price

\_\_\_\_\_  
Authorized by (Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature/Date

**AUTHORIZED SIGNATURE IS REQUIRED. PLEASE FAX TO (318) 222.0503**

# Metro Aviation, Inc. NVG Inventory of Items Worksheet

## F4949 System Content Checklist

	Shipping/Storage Case		Battery Cartridges (Quantity:        )
	Soft Carrying Case		LBPB Mounting Kit
	F4949 Goggles Serial #		Helmet Mount Assembly (HMA)
	Lens Cap (4)		HMA w/Quick Disconnect Mounting Pins
	Lens Paper		Lens Pen
	Operators Manual		Clip on Power Source
	Neck Cord		Other Items
	Low Profile Battery Pack		
	Counter Weight Assembly		

Notes/Squawks :

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Sent and Inventoried By: \_\_\_\_\_ Date: \_\_\_\_\_

Received at MAI and Inventoried By: \_\_\_\_\_ Date: \_\_\_\_\_

## 6015 Monocular System Content Checklist

	Soft Carrying Case (Large)		Lens Paper
	Soft Carrying Case (Small)		Lens Pen
	6015 System Serial # _____		Helmet Mount Assembly
	Neck Cord		Demist Shield
	Rubber Eye Cup		Sacrificial Lens
	Head Mount Assembly		Weapon Mount
	Operators Manual		

Notes/Squawks:

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Sent and Inventoried By: \_\_\_\_\_ Date: \_\_\_\_\_

Received at MAI and Inventoried By: \_\_\_\_\_ Date: \_\_\_\_\_

# Metro Aviation, Inc.

## Return Authorization Request

In an effort to better serve our customers and to continue the improvements to our internal processes, MAI has implemented a Return Authorization (RA) process to ensure the most efficient and highest quality inspection, re-certification, or repair of our customer's equipment.

Prior to sending equipment to MAI, customers are required to complete the necessary forms for the service(s) needed. The completed forms are submitted to MAI and an RA number is generated and issued to the customer within one business day. The issued RA number **MUST** be visible on the outside of the shipping box. Please be sure to include a completed *Inventory of Items* worksheet with your shipment.

### Ship To Information:

Ship Via \_\_\_\_\_ (Fed Ex/UPS)                      Delivery Time : \_\_\_\_\_ am/pm

Ship To Company : \_\_\_\_\_ Attn: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_

### Bill To Information:

Bill To Company: \_\_\_\_\_ PO # \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_

Shipping Account # \_\_\_\_\_ Shipping Account Billing Zip Code: \_\_\_\_\_

### Goggle Information

Qty \_\_\_\_\_ System Serial Number: \_\_\_\_\_

Service Level:    \_\_\_ Certification                      \_\_\_ Repair

Warranty Expiration: \_\_\_\_\_

**Service Agreement (Choose One):**    None - \$250.00 ea.                      3 yr - \$200.00 ea.                      5 yr - \$175.00 ea.

Comments: \_\_\_\_\_

Authorized by: \_\_\_\_\_ User Email: \_\_\_\_\_