

## TWO-WAY RADIO REPAIR FORM

PLEASE FILL OUT ONE FORM PER RADIO REPAIR

CUSTOMER INFORMATION		Picked-Up By: Pick-Up Date:			
Account Name:				Contact Name:	
Account Address:				Contact Phone:	
City:		State:	Zip:	Contact Email:	
EQUIPMENT INFO	PRMATION				
Make:		Model:		Serial#:	
Equipment Type (Check All That Appl			Accessories Included w/Radio (Check All That Apply):		nulv).
Portable UHF		800		Antenna	□ Clip
Mobile	□ VHF			☐ Mic	☐ Charger
WHAT'S WRONG?					
(Check All That Ap	ply):		Explain Other Problems Or Special Instructions:		
☐ Poor Receive	☐ Poor Transmi	t Accessory Jack			
☐ No Receive	■ No Transmit	Antenna			
☐ Dead	☐ Bad Battery	☐ Broken Case			
		1			
SERVICE REQUES	T .				
(Check All That Apply):			Service Instructions:		
☐ Replace Battery ☐ Replace Speaker			☐ Call With Estimate		
☐ Replace Antenna ☐ Replace Housing (Case)		☐ Do Not Repair If Over	: \$		
☐ Replace Mic					
TECHNICIAN REMARKS					



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