



RMA APPLICATION

Please note ALL *MARKED FIELDS below are required.
Failure to complete these fields will result in a rejected application.

When complete, please send to **RIE@scanav.com**, marked RMA Application in the subject field.

***Company Name:**

***Contact:**

***PO No.:**

***Email:**

***Phone No.:**

Courier Account if applicable:

UPS

DHL

***Ship to Address:**

TNT

FedEx

Please Specify Acc.No.:

Aircraft Make:

***Aircraft Model:**

***Aircraft Registration:**

***Aircraft Serial No.:**

Aircraft Type:

***Unit Part No.:**

***Unit Serial No.:**

***Unit Description:**

Hours Since Installation:

Service Required:

Requested Priority

Exchange

Routine

Repair

Rush

Modification

AOG

Test/Inspection

Type of Request:

***Fault Description:**

Choose Option

If you have any questions or enquiries, please do not hesitate to contact us:

+45 7950 8000

RIE@scanav.com

SCANDINAVIAN AVIONICS QUOTATION AND RMA DETAILS

For SA use only

Associate:

RMA No.:

Type Service Approved:

Approved Priority:

AOG Y N

AOG Charge:

Initial Invoice:

Core Credit:

Final Credit:

Additional Comments:



Please cut out and affix the following to the **OUTSIDE** of the package, this will speed up processing times upon arrival at Scandinavian Avionics A/S

RMA No.: _____

**Scandinavian Avionics A/S
Stratusvej 9, Billund Airport
DK-7190 Billund**