



# RMA APPLICATION

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

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

**\*Company Name:**

**\*Contact:**

**\*PO No.:**

**\*Email:**

**\*Phone No.:**

**\*Ship to Address:**

**End-User:**

*If other than Ship to Address*

**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:**

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

**+47 9190 0727**

**SAOSL@scanav.com**

**SCANDINAVIAN AVIONICS QUOTATION AND RMA DETAILS**

For SA use only

**Associate:**

**RMA No.:**

**Type Service Approved:**

**Approved Priority:**

**AOG Charge:**

**Initial Invoice:**

**Core Credit:**

**Final Credit:**

**Additional Comments:**