



1600 NE Miller Street, McMinnville, OR 97128
Tel: 503.434.5550 | Fax: 503.434.1312

RMA REQUEST FORM

Please complete and submit this form PRIOR to sending your item to APTech.
We will contact you with an RMA number after receipt and approval of this COMPLETED form.

APTECH DOES NOT ACCEPT SHIPMENTS WITHOUT AN RMA AND WILL RETURN ITEMS AT CUSTOMER'S COST.

Product Name: _____ Model No./Serial No.: _____

Description: _____

Company: _____ Date of Request: _____

Address: _____

Phone: _____ Email: _____

HAZARDOUS MATERIAL NOTIFICATION

HAZMAT SECTION MUST BE COMPLETED IN ORDER TO RECEIVE AN RMA NUMBER FROM APTECH.

Known Materials in contact with this equipment are: (please mark all that apply)

____ Potentially Hazardous

____ Non-Hazardous

____ Unknown if Hazardous

____ Corrosive

____ Toxic

____ Explosive

____ Biologically Hazardous

List types of gases, chemicals, biological materials, or other materials exposed to the product during its use:

Contact information for questions regarding last use of this equipment:

Name: _____ Phone: _____

Email: _____

This form completed by: _____ Date: _____

Is this a warranty request? ☐ Yes ☐ No

Please email this completed form to APTRMA@a-p-tech.com.

DO NOT SEND THE ITEM TO APTECH UNTIL YOU HAVE RECEIVED AN RMA NUMBER.

For APTech use only: RMA #: _____ Date: _____ Approved by: _____