**REPAIR RETURN AUTHORIZATION FORM DECLARATION OF**

**BLOWER, VACUUM BOOSTER & VACUUM PUMP CONTAMINATION**

Return Authorization Number: **internal use only**

Company Name: Click or tap here to enter text. Contact: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Rep/Distributor Name: Click or tap here to enter text.

Product Model: Click or tap here to enter text. Product Application: Click or tap here to enter text.

Serial #: Click or tap here to enter text.

Reason for Return/Comments: Click or tap here to enter text.

**DECLARATION THAT THE BLOWER/BOOSTER HAS BEEN DECONTAMINATED**

What type of oil was used? Click or tap here to enter text.

**CHECK ANY OF THE FOLLOWING SUBSTANCES THE PUMP HAS BEEN EXPOSED TO:**

Toxic Carcinogenic Corrosive Explosive Flammable Biological Hazard

Radioactive Other harmful substance Water Air

List all substances, gases and by-products, which came into contact with the pump. Attach SDS sheets.

Product name or manufacturer: Click or tap here to enter text. Chemical Symbol: Click or tap here to enter text.

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Goods returned to us WILL NOT BE ACCEPTED at our facility UNLESS the outside of the package or carton bears the above RA number. **Freight must be prepaid.** We serve the right to charge for repairs which are made necessary through no fault of our own.

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**NEXT STEPS**

**Complete fields within this document, sign and return file via email to:**

**Vacuum (Kinney):** [**Vacuum.cs.spr@md-kinney.com**](mailto:Vacuum.cs.spr@md-kinney.com)

**Mobile Blower:** [**Mobile.cs.spr@md-kinney.com**](mailto:Mobile.cs.spr@md-kinney.com)

**PD Blower:** [**Blower.cs.spr@md-kinney.com**](mailto:Blower.cs.spr@md-kinney.com)

* WAIT for the Return Authorization to be issued. MD-Kinney will assign a Return Authorization number and provide additional information for processing.
* Remove all drain valves, plugs, and fluids from the product. Reinstall plugs to ensure residual leakage does not occur during shipment.
* Prepare the product on an open skid to allow for inspection at the dock.
* If the product does not meet the listed requirements, it will be rejected and returned, or re-routed to a local decontamination site at the customer’s expense. This includes all products inbound for repair, warranty evaluation, or credit.
* MD-Kinney does not have the necessary state permits to store, handle, or dispose of hazardous materials. The customer is responsible for all charges incurred by MD-Kinney relating to the disposal or decontamination of the pump.

After receipt and inspection of the product, MD-Kinney will provide the customer with a written service report and quotation, if applicable, that is good for 30 days from the date that the quote is issued. The customer then has 45 days from the date of quotation to provide MD-Kinney with instructions for final disposition of the product, i.e., repair and service per the quotation, or return the product to the customer. If, however, the customer does not respond to MD-Kinney within such 45-day period, all abandoned products will then become the property of MD-Kinney to dispose of as it sees fit. If the customer chooses to have the product returned, the customer will agree to pay for all inspection fees and freight costs.

**REQUIRED SIGNATURE**

By signing this form electronically, I declare that the pump has been decontaminated and is safe to work on upon receipt.

**Step 1: Check the box below**

By checking this box and typing my name below, I am electronically signing my Return Authorization Form.

**Step 2: Type in your name and date**

First name: Click or tap here to enter text. Last name: Click or tap here to enter text.

Date: Click or tap to enter a date.

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