

**REQUEST FOR REPAIRS, AND/OR ACCESSORIES****INSTRUCTIONS****WHEN REPAIRS ARE NEEDED**

1. Fill out completely all items in top section and Section I on reverse side of this form. Enclose in the carton along with the defective device.
2. Wrap the carton, attach the Denver Acquisition & Logistics Center postage-free label, and deposit in U.S. Postal Service mail

IMPORTANT - Send complete device: Transmitter, receiver, cords, tubing, etc.

WHEN ACCESSORIES ARE NEEDED FOR THIS DEVICE

1. Fill out completely all items in top section and Section II on reverse side of this form. Indicate item(s) needed, cords, tubing, wax guards, ear hooks, etc. Please indicate length when ordering cords or straight tubing.
2. Place defective items (cords or tubing if necessary) in package along with this card and sea
3. Attach Denver Acquisition & Logistics Center postage-free label to package and deposit in U.S. Postal Service mail

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. DATE OF BIRTH (MM/DD/YYYY)	3. LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NO.	4. DATE MAILED (MM/DD/YYYY)
5. HOME MAILING ADDRESS	DEVICE INFORMATION		
	6. MAKE	7. MODEL	
	8. SERIAL NUMBER(S)		

SECTION I - REPAIRS

1. DESCRIPTION OF DEFECTS (Check appropriate box(es))

- | | | | | |
|--------------------------------|--------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> DEAD | <input type="checkbox"/> FADES | <input type="checkbox"/> INTERMITTENT | <input type="checkbox"/> MOISTURE DAMAGE | <input type="checkbox"/> TELE COIL DEAD/WEAK |
| <input type="checkbox"/> NOISY | <input type="checkbox"/> WEAK | <input type="checkbox"/> DISTORTED | <input type="checkbox"/> EXCESSIVE BATTERY DRAIN | <input type="checkbox"/> FEEDBACK |

SECTION II - ACCESSORIES

1. ITEM(S) NEEDED

2. REMARKS