



# REPAIR AUTHORIZATION FORM

*Print two copies; include one in the package and keep one for your records.*

**Company** (If Applicable) \_\_\_\_\_ Dealer Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Ship To Address** (If above address is different.) **NOTE: We are unable to ship to PO boxes, except for Military APO's.**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Product Information

Find a list of currently supported products here: [www.icomamerica.com/support/repair/supported-products](http://www.icomamerica.com/support/repair/supported-products)

Model (Name): \_\_\_\_\_ Serial Number: \_\_\_\_\_

Reason for submission/symptoms/problem. If necessary, please include procedure for reproducing issue.  
**Service Center is not responsible for accessories not listed.\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Accessories included (Microphones cables, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Proof of Purchase/Sales Receipt Included? \*\*

Yes  No

Warranty Status:

Warranty  Out of warranty

**\*\*Include a date stamped copy of the Sales Receipt if unsure of warranty status.**

Estimate Required? Yes \_\_\_\_\_ No \_\_\_\_\_

OR

Pre-Approved Repair Cost \$ \_\_\_\_\_ (Excludes applicable freight and taxes). The service center will bill your card after the repair. Any number above this number will require an Estimate approval.

**NOTE: Unless specified, all return shipments will be "Signature Required".**