

Complete and return this form to Maureen Knowles via email to Maureen.Knowles@OptronicLabs.com

CONTACT INFORMATION

Company: _____

Contact Name: _____ Email: _____

Important: Please read the information below prior to submitting your RMA request.

- OLI requires a \$400 Evaluation Fee to any RMA where said fee is determined to be applicable due to required processing requirements. The application of this fee is mandatory for all Out-of-Warranty, No Fault Found, and Request for Analysis returns.
- Product returned for investigation should be returned in original packaging. Product damage incurred in transit and determined by OLI to be the result of improper/ incorrect packaging will invalidate the products warranty status and may result in additional analysis and / or repair charges.

For sphere source recalibrations (i.e. Models OL 426, 426-S, 426-SA, 455, 455-S, 455-SA, 462, or 466), the following settings are **REQUIRED** to issue an RMA confirmation and quote for services:

CALIBRATION PARAMETERS & SETTINGS:							
Luminance Set Point (Choose 1)	<input type="checkbox"/> Uncalibrated or N/A	<input type="checkbox"/> 90% Maximum	<input type="checkbox"/> 100 [fL]	<input type="checkbox"/> 1000 [fL]	<input type="checkbox"/> 100 [cd/m ²]	<input type="checkbox"/> 1000 [cd/m ²]	<input type="checkbox"/> Other
Spectral Radiance Luminance Setting (Choose 1 or More)	<input type="checkbox"/> No Spectral Radiance	<input type="checkbox"/> 90% Maximum	<input type="checkbox"/> 100 [fL]	<input type="checkbox"/> 1000 [fL]	<input type="checkbox"/> 100 [cd/m ²]	<input type="checkbox"/> 1000 [cd/m ²]	<input type="checkbox"/> Other
Spectral Radiance CCT Setting (Choose 1 or More)	<input type="checkbox"/> No Spectral Radiance	<input type="checkbox"/> 2856 [K]	<input type="checkbox"/> 3000 [K]	<input type="checkbox"/> Other			
Spectral Radiance Wavelength Range (Choose 1 or More)	<input type="checkbox"/> No Spectral Radiance	<input type="checkbox"/> 350 - 1100 [nm]	<input type="checkbox"/> 350 - 2500 [nm]	<input type="checkbox"/> Other			
CCT Range (Choose 1)	<input type="checkbox"/> No Current Curve	<input type="checkbox"/> 2000 [K] - 3000 [K]	<input type="checkbox"/> Other				
Wavelength Interval of Measurements (Choose 1)	<input type="checkbox"/> 10 [nm]	<input type="checkbox"/> 5 [nm]	<input type="checkbox"/> Other				

**Note: If more than one calibration setting is chosen for each parameter, additional costs will apply.*

Reason for Return/ Special Requests or Requirements:

PLEASE LIST EACH ITEM SEPERATELY WITH ITS RESPECTIVE SERIAL NUMBER

ITEM	MODEL # (DESCRIPTION)	SERIAL #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

***INFORMATION ON PAGE 2 REQUIRED FOR SPHERE SOURCE RECALIBRATIONS**

If more than one Spectral Radiance setting is chosen for two or more categories, specify the settings for each Spectral Radiance measurement request in the space provided:

If "Other" was selected for any of the Calibration Parameters listed above, describe the request in the space provided:

If any additional customer-owned optics (i.e. D55 filter, D65 filter) are to be used during measurements, describe the request in the space provided:

Describe any additional information or measurement requests in the space provided (i.e. Chromaticity Coordinates, Certificate of Conformance, etc.):