



TWO-WAY RADIO REPAIR FORM

PLEASE FILL OUT ONE FORM PER RADIO REPAIR

CUSTOMER INFORMATION			Picked-Up By: _____	Pick-Up Date: _____
Account Name:			Contact Name:	
Account Address:			Contact Phone:	
City:	State:	Zip:	Contact Email:	

EQUIPMENT INFORMATION		
Make:	Model:	Serial#:
Equipment Type (Check All That Apply): <input type="checkbox"/> Portable <input type="checkbox"/> UHF <input type="checkbox"/> 800 <input type="checkbox"/> Mobile <input type="checkbox"/> VHF		Accessories Included w/Radio (Check All That Apply): <input type="checkbox"/> Battery <input type="checkbox"/> Antenna <input type="checkbox"/> Clip <input type="checkbox"/> Earpiece <input type="checkbox"/> Mic <input type="checkbox"/> Charger

WHAT'S WRONG?	
(Check All That Apply): <input type="checkbox"/> Poor Receive <input type="checkbox"/> Poor Transmit <input type="checkbox"/> Accessory Jack <input type="checkbox"/> No Receive <input type="checkbox"/> No Transmit <input type="checkbox"/> Antenna <input type="checkbox"/> Dead <input type="checkbox"/> Bad Battery <input type="checkbox"/> Broken Case	Explain Other Problems Or Special Instructions:

SERVICE REQUEST	
(Check All That Apply): <input type="checkbox"/> Replace Battery <input type="checkbox"/> Replace Speaker <input type="checkbox"/> Replace Antenna <input type="checkbox"/> Replace Housing (Case) <input type="checkbox"/> Replace Mic	Service Instructions: <input type="checkbox"/> Call With Estimate <input type="checkbox"/> Do Not Repair If Over: \$ _____

TECHNICIAN REMARKS



For more about how Aerowave can help your business, please call **888.895.3148** or visit aerowavetech.com.



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