## RETURN SHIPMENT AUTHORIZATION

This completed form, along with a copy of the sample request letter and return shipping labels, must accompany all equipment. Failure to follow these instructions will delay testing of your equipment. All equipment and accessories, if any, must be listed and properly labeled.

Control of the Contro			<del></del>
Type of Equipment	FCC ID (if no FCC ID list model / type nu		
Dell hatop	Insprion 60	on CN-0x8957-48643-53c	1- 204
DUINDOR AC	PA-1900 - 020	04-09+21571615-368	_ 3AE1
Test la	NIA	NA	
Antenna	S1	NA	
module	Uwm 7 to3	Twet 8600007	
Dower Sunky	DSA -0101F-05	4 62195	
ATT	TACH ADDITIONAL SHEE	T, IF NECESSARY	
Time of Company	E Ceoti & Josephun Seovak Telep	ed Email Address of Responsible Person  25 (10) 77 (-1000)  Shone no. (Include area code – USA ONLY)	
Please check here if equi	pment is not to be returned.		
If equipment is to be returned,	please complete the following	ng:	
47173 Bendela Complete shipping address, inc	St Fremont	-, CA 94538	
*Preferred carrier for return	shipment:		
	4730773		
Name of company and your ac	count number		

<sup>\*</sup>If no preferred carrier is listed, equipment will be returned COLLECT by freight.

UPS Customers: If equipment is to be returned via UPS, you must have call tags issued to the Laboratory within two weeks from the date you are notified. Otherwise, the equipment will be returned freight COLLECT.