



PROFESSIONAL  
WIRELESS  
COMMUNICATIONS



# RADIO REPAIR REQUEST

**Please complete and return with your radio to:**

Professional Wireless Communications  
451 Cliff Road East #101, Burnsville, MN 55337

Date \_\_\_\_\_

**Contact Us:**  
Phone: 952-746-2500 | Fax: 952-746-2300  
www.pwcmn.com

## EQUIPMENT:

Make \_\_\_\_\_ Model \_\_\_\_\_  
Serial # \_\_\_\_\_ ID \_\_\_\_\_

## ACCESSORIES SENT WITH RADIO:

- |                                  |                                   |                                     |                                     |
|----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Antenna | <input type="checkbox"/> Clip     | <input type="checkbox"/> Microphone | <input type="checkbox"/> Headset    |
| <input type="checkbox"/> Charger | <input type="checkbox"/> Earpiece | <input type="checkbox"/> Battery    | <input type="checkbox"/> Misc _____ |

## SYMPTOMS:

- |                                       |                                        |                                      |                                       |
|---------------------------------------|----------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> No/Low Power | <input type="checkbox"/> No Receive    | <input type="checkbox"/> No Transmit | <input type="checkbox"/> No/Low Audio |
| <input type="checkbox"/> Intermittent | <input type="checkbox"/> Constant Tone | <input type="checkbox"/> Dead        | <input type="checkbox"/> Squeals      |
| <input type="checkbox"/> Dropped      | <input type="checkbox"/> Other _____   |                                      |                                       |

## CUSTOMER INFORMATION:

DO NOT EXCEED \$ \_\_\_\_\_ Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_ Ext \_\_\_\_\_ PO # \_\_\_\_\_

## RETURN REPAIR TO:

Customer \_\_\_\_\_  
Attn \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

## SEND BILL TO: Same as 'Return to:'

Customer \_\_\_\_\_  
Attn \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

***Please send radios with antenna and battery for complete check!***