



Technical Innovations, Inc.
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Non-conformance Notification/Request for Return Material Authorization

Basic Information

Customer Name: _____ Date: _____
Facility Address: _____
Main Phone Number: _____ Main Fax Number: _____

Name Phone Number E-mail Address
Contact Info: _____

Product Detail

Reason for Reject/Return: <Describe the nature of the Non-Conformance>
Technical Innovations Part Number: _____
Customer Part Number (if applicable): _____
Purchase Order Number: _____ Number of parts ordered: _____
Material Lot Number(s): _____
Are you requesting a formal Corrective Action response? Yes No
If yes, what is your CAR number: _____
Are you requesting a Return Material Authorization Number? Yes No
If yes, how many parts will you be returning? _____ Expected Ship date: _____

Technical Innovations Response

Is request for return authorized? Yes No
If yes, RMA Number Assigned: _____
If no, reason for claim denial: _____

Technical Innovations' Representative: _____