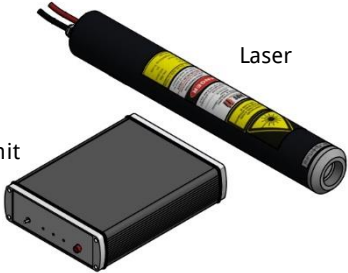


| Client / Contact person | |
|---|--|
| Company: _____ Street: _____ Addition: _____ Zip code / City: _____ Country: _____ Contact person: _____ Phone: _____ Email: _____ | RMA number B00 *if known If a company stamp was used in the left field, information can be added here. Contact person: _____ Phone: _____ Email: _____ |
| <input type="checkbox"/> Alternatively: attach business card or use company stamp | <input type="checkbox"/> * Note: The RMA No. is issued by SIOS Support on request. If it is known, this is sufficient as sole information. |

| Basic data on the affected device | |
|---|---|
| Serial numbers Laser: _____ Electronics: _____ |  <p style="text-align: center;">Laser</p> <p>Electronics or power supply unit</p> <p style="text-align: center;">Note: Figure is for illustration only</p> |

| Error description / customer request / comments | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | yes | no | | yes | no |
| Externally undamaged | <input type="checkbox"/> | <input type="checkbox"/> | Beam remains flicker-free / stable | <input type="checkbox"/> | <input type="checkbox"/> |
| Laser starts / ignites | <input type="checkbox"/> | <input type="checkbox"/> | Beam profile without interference | <input type="checkbox"/> | <input type="checkbox"/> |
| Laser stabilizes after 30 min at the latest | <input type="checkbox"/> | <input type="checkbox"/> | Electronics or power supply (SL-02) are OK | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | |

| Processing | |
|-------------------|--|
| Time slot: | <input type="checkbox"/> Arrangement for special scheduling and/or shipping desired. |
| Releases: | <input type="checkbox"/> Autom. release: please fill in the field below |
| | <input type="checkbox"/> Cost estimate requested |

| Calibrations / additional services | | |
|--|--------------------------|--------------------------|
| Calibrations desired | yes | no |
| Factory calibration of the laser frequency | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional service | yes | no |
| New packaging desired | <input type="checkbox"/> | <input type="checkbox"/> |

| Automatic release of a repair budget | |
|---|--|
| Amount in € | _____ Date and place Signature |

Note: A signature is only required for automatic release of a repair budget.