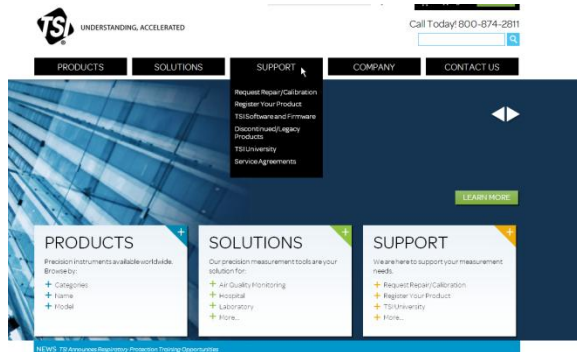


## How to Document for obtaining a Return Material Authorization number (RMA):

You will need to go to [www.tsi.com](http://www.tsi.com) and select the “Support” tab located in the middle of the header as noted below.

Select “Support” tab and then select “Request Repair/calibration”.



### TSI Online Service Request

In order to complete this form you will need the following:

- The model name and/or number
- The serial number of the item(s) you want to return
- A Purchase Order number or credit card information, unless the item(s) you want to return are under warranty. Verification of warranty can be accomplished on the following pages.

Pricing for repair and calibration services will be displayed on the next page after you have entered the serial number and model number of your TSI instrument.

**Note:** If the device you are returning for repair or calibration has been exposed to hazardous materials, please [click here](#).

By clicking **Continue** below, you agree to TSI's [Terms and Conditions](#):

Need help with the RMA process? [View details](#) of the steps involved in creating an RMA.

- Review items that are needed to complete the request form and TSI's Terms and Conditions
- Once reviewed, click on “**continue**” button in middle of screen

Please complete the form below to return your TSI instruments for service or repair work.

Enter your customer number:

[Go](#) [Where do I find my customer number?](#)

Note: if you do not have a customer number, please complete the address fields below.

<p><b>Bill To Address:</b></p> <p>Company Name: <input type="text"/></p> <p>Address 1: <input type="text"/></p> <p>Address 2: <input type="text"/></p> <p>Address 3: <input type="text"/></p> <p>PO Box: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Postal Code: <input type="text"/></p> <p>Country: <input type="text" value="Please select your country"/></p> <p>Contact List: <input type="text" value=""/></p> <p>Contact First Name: <input type="text"/></p> <p>Contact Last Name: <input type="text"/></p> <p>Contact Phone: <input type="text"/></p> <p>Contact Fac: <input type="text"/></p> <p>Contact E-mail: <input type="text"/></p>	<p><b>Ship To Address:</b> <input type="checkbox"/> *ship to address same as bill to</p> <p>Company Name: <input type="text"/></p> <p>Address 1: <input type="text"/></p> <p>Address 2: <input type="text"/></p> <p>Address 3: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Postal Code: <input type="text"/></p> <p>Country: <input type="text" value="Please select your country"/></p> <p>Contact List: <input type="text" value=""/></p> <p>Contact First Name: <input type="text"/></p> <p>Contact Last Name: <input type="text"/></p> <p>Contact Phone: <input type="text"/></p> <p>Contact Fac: <input type="text"/></p> <p>Contact E-mail: <input type="text"/></p>
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- If you know your customer number, enter in the field below **“Enter your customer number”** and select **“Go”** or Enter on your keyboard.
  - This will auto populate the Bill to address that we have on record for that customer number.
- If you do not know your customer number:
  - In space provided next to **“Company Name”** enter your company name
  - In space provided next to **“Address 1”** enter your street address
    - **“Address 2 and Address 3”** is for additional information for your address, (example: Building number 5)
  - In space provided next to **“PO Box”** enter your PO Box number if you have one
  - In space provided next to **“City”** enter your city
  - In space provided next to **“Postal Code”** enter your postal code
  - In space provided next to **“Contact List”** if you are in our system currently you will be able to select your name and the rest of the information will populate
  - In space provided next to **“Country”** enter your country
  - In space provided next to **“Contact First Name”** enter the contact first name
  - In space provided next to **“Contact Last Name”** enter the contact last name
  - In space provided next to **“Contact Phone”** enter the contact phone number
  - In Space provided next to **“Contact E-mail”** enter contact e-mail
- If the Bill to and Ship to is the same company and address check the space provided next to **“Ship To Address”** this will copy the information from the Bill To section and enter into the Ship To section
- If the Bill to and Ship to are not the same:
  - In space provided next to **“Company Name”** enter your company name
  - In space provided next to **“Address 1”** enter your street address
    - **“Address 2 and Address 3”** is for additional information for your address, (example: Building number 5)
  - In space provided next to **“PO Box”** enter your PO Box number if you have one
  - In space provided next to **“City”** enter your city
  - In space provided next to **“Postal Code”** enter your postal code

- In space provided next to “**Country**” enter your country
- In space provided next to “**Contact First Name**” enter the contact first name
- In space provided next to “**Contact Last Name**” enter contact last name
- In space provided next to “**Contact Phone**” enter contact phone number
- In Space provided next to “**Contact E-mail**” enter contact e-mail

Bill To Address:	Ship To Address: <input type="checkbox"/> "Ship to address same as bill to"
Company Name: <input type="text"/>	Company Name: <input type="text"/>
Address 1: <input type="text"/>	Address 1: <input type="text"/>
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
PO Box: <input type="text"/>	
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/>	State: <input type="text"/>
Postal Code: <input type="text"/>	Postal Code: <input type="text"/>
Country: <input type="text"/> <small>(Please select your country)</small>	Country: <input type="text"/> <small>(Please select your country)</small>
Contact List: <input type="text"/>	Contact List: <input type="text"/>
Contact Name: <input type="text"/>	Contact Name: <input type="text"/>
Contact Phone: <input type="text"/>	Contact Phone: <input type="text"/>
Contact E-mail: <input type="text"/>	Contact E-mail: <input type="text"/>

Device Details			
Instrument and Serial Number	Service Type	Return Reason	Special Requirements
Type the instrument name or number: [0330 - PORTACOUNT PRO PLUS ] <a href="#">View this</a>	<input type="checkbox"/> Calibration (915.00 USD) <input type="checkbox"/> FastTrak (183.00 USD) <a href="#">View this</a>	<input type="text"/>	<input type="text"/>
Enter the instrument serial number: [23456]	<input type="checkbox"/> Repair Pre-Authorization	<input type="text"/>	<input type="text"/>
<small>NOTE: Please do not ship alcohol supplies with this unit or they will not be returned.</small>			
<input type="button" value="+ Add Another Instrument"/>			
<input type="button" value="Continue &gt;&gt;&gt;"/>			

#### Device Details:

- In space provided below “**Type the instrument name or number**” enter the model number or name of instrument and select correct instrument from the pull down list
- In space provided below “**Enter the instrument serial number**” enter the serial number of the instrument, if serial number has rubbed off or is not legible then enter “**NA**”
- In space provided below “**Service Type**” select the type of service requesting (ex. Calibration)
- If would like to expedite the servicing of your instrument you can select “**FastTrak**” for an additional charge (the additional charge will populate after entering model and serial number of your instrument)
- If you would like to speed up the service of your instrument in the event that you need a repair, select the check box next to “**Repair Pre-Authorization**”. This will allow TSI to repair your instrument in the event that you sent in for calibration originally and it was determined that a repair was needed. TSI would normally call you to get your approval to repair the instrument. Selecting this box will allow TSI to repair your instrument without calling you prior to making the repair.
- In space provided below “**Return Reason**” enter any specific notes in regards to the return reason (ex. Portacount will not pass zero test)
- “**Special Requirements**” space is available if you have specific certification metrics that you must comply with. TSI would need to know the specifics for the requirement in order to fulfill the metrics. This could delay the service time of your instrument.

- After you enter your serial number the system will be able to identify if your instrument is under warranty or you have a calibration contract for that serial number. This information will populate in the **“Service Type”** area
- Once you have completed these fields select **“Continue”**
- If you need to add additional instruments select **“Add Another Instrument”** and follow the above steps in order to complete
- After you have entered all instruments you are sending in for service, select **“continue”**



TSI.COM	FAQS	CONTACT	RESTART
<b>INSTRUMENT</b>	<b>REASON FOR RETURN</b>	<b>WARRANTY/SERVICE PLAN</b>	<b>PRICE FASTTRAK</b>
VELOCICALC VENTILATION METER 9565-P [ 9565-P ]	Calibrate		\$80.00 \$16.00
<b>Completed RMA Return Shipping</b>			
Shipping Payment Type: <input type="text" value="Add to invoice"/>		<b>Please note:</b> <ul style="list-style-type: none"> <li>• Customer is responsible for all shipping charges to and from TSI (INCOTERMS: DDP).</li> <li>• Return shipping for warranty repairs is paid by TSI.</li> <li>• If you select "Add to invoice", TSI will send best way and add shipping charges to your invoice.</li> <li>• If you prefer faster return shipping, please select from the options to the left. The added charges will be applied to your bill.</li> <li>• If you want shipping charges to go under your own account, please enter the carrier to the left and include your carrier account number (if no account number is supplied, TSI will use it's default carrier).</li> </ul>	
Shipping Method: <input type="text" value="GROUND"/>			
<b>RMA Request Payment Information</b>			
Select a payment type for this RMA request: <input type="text" value="Select Payment Type"/>			
<input type="button" value=" &lt;&lt;&lt; Back"/>		<input type="button" value=" Continue &gt;&gt;&gt;"/>	

- You will see a list of the instrument(s) you entered from the first page along with **“Return Reason”**, **“Warranty/Service Plan”**, **“Price”**, **“Fastrak”**
  - If your instrument is currently under warranty or you have a service plan, the area below **“Warranty/Service Plan”** will have that information described
  - If you selected **“FastTrak”**, the price for the Fastrak will be listed



TSI.COM	FAQS	CONTACT	RESTART
<b>INSTRUMENT</b>	<b>REASON FOR RETURN</b>	<b>WARRANTY/SERVICE PLAN</b>	<b>PRICE FASTTRAK</b>
VELOCICALC VENTILATION METER 9565-P [ 9565-P ]	Calibrate		\$80.00 \$16.00
<b>Completed RMA Return Shipping</b>			
Shipping Payment Type: <input type="text" value="Charge my carrier"/>		<b>Please note:</b> <ul style="list-style-type: none"> <li>• Customer is responsible for all shipping charges to and from TSI (INCOTERMS: DDP).</li> <li>• Return shipping for warranty repairs is paid by TSI.</li> <li>• If you select "Add to invoice", TSI will send best way and add shipping charges to your invoice.</li> <li>• If you prefer faster return shipping, please select from the options to the left. The added charges will be applied to your bill.</li> <li>• If you want shipping charges to go under your own account, please enter the carrier to the left and include your carrier account number (if no account number is supplied, TSI will use it's default carrier).</li> </ul>	
Carrier name: <input type="text"/> Carrier account number: <input type="text"/>			
Shipping Method: <input type="text" value="GROUND"/>			
<b>RMA Request Payment Information</b>			
Select a payment type for this RMA request: <input type="text" value="Select Payment Type"/>			
<input type="button" value=" &lt;&lt;&lt; Back"/>		<input type="button" value=" Continue &gt;&gt;&gt;"/>	

- In the space provided below **“Shipping Payment Type”** you will need to select **“Add to Invoice”** or **“Charge my carrier”**
  - If you select **“Add to Invoice”**, TSI will add the charges for shipping to your invoice
  - If you select **“Charge my carrier”** you will need to:

- In space provided next to “**Carrier name**” enter carrier name you are using
- In space provided next to “**carrier account number**” enter your carrier account number

**TSI** UNDERSTANDING, ACCELERATED

TSI.COM    FAQs    CONTACT    RESTART

INSTRUMENT	REASON FOR RETURN	WARRANTY/SERVICE PLAN	PRICE	FASTTRAK
VELOCALC VENTILATION METER 9565-P ( 9565-P )	Calibrate		\$80.00	\$16.00

**Completed RMA Return Shipping**

Shipping Payment Type:  
 Charge my carrier

Carrier name:

Carrier account number:

Shipping Method:  
 GROUND  
 2 DAY  
 OTHER

**Please note:**

- Customer is responsible for all shipping charges to and from TSI (INCOTERMS: DDP).
- Return shipping for warranty repairs is paid by TSI.
- If you select "Add to invoice", TSI will send best way and add shipping charges to your invoice.
- If you prefer faster return shipping, please select from the options to the left. The added charges will be applied to your bill.
- If you want shipping charges to go under your own account, please enter the carrier to the left and include your carrier account number (if no account number is supplied, TSI will use its default carrier).

**RMA Request Payment Information**

Select a payment type for this RMA request:  
 Select Payment Type

<<< Back      Continue >>>

- In the space provided below “**Shipping Method**” you will need to select either “**Ground**” or “**2 Day**” for shipping delivery
- If you select “**other**” you will need to enter “**Method you would like it shipped**”, (Example: Next Day air or 3 day etc.)

**TSI** UNDERSTANDING, ACCELERATED

TSI.COM    FAQs    CONTACT    RESTART

INSTRUMENT	REASON FOR RETURN	WARRANTY/SERVICE PLAN	PRICE	FASTTRAK
VELOCALC VENTILATION METER 9565-P ( 9565-P )	Calibrate		\$80.00	\$16.00

**Completed RMA Return Shipping**

Shipping Payment Type:  
 Charge my carrier

Carrier name:

Carrier account number:

Shipping Method:  
 GROUND

**Please note:**

- Customer is responsible for all shipping charges to and from TSI (INCOTERMS: DDP).
- Return shipping for warranty repairs is paid by TSI.
- If you select "Add to invoice", TSI will send best way and add shipping charges to your invoice.
- If you prefer faster return shipping, please select from the options to the left. The added charges will be applied to your bill.
- If you want shipping charges to go under your own account, please enter the carrier to the left and include your carrier account number (if no account number is supplied, TSI will use its default carrier).

**RMA Request Payment Information**

Select a payment type for this RMA request:  
 Select Payment Type  
 Purchase Order  
 Credit Card

Continue >>>

- In the space provided underneath “**Select a payment type for this RMA request**” you will need to select either “**Purchase Order**” or “**Credit Card**”

TSI.COM	FAQS	CONTACT	RESTART
<b>INSTRUMENT</b>	<b>REASON FOR RETURN</b>	<b>WARRANTY/SERVICE PLAN</b>	<b>PRICE FASTRAK</b>
VELOCICALC VENTILATION METER 9565-P   9565-P	Calibrate		\$80.00   \$16.00
<b>Completed RMA Return Shipping</b>			
<b>Shipping Payment Type</b> [Change my carrier]		<b>Please note:</b> <ul style="list-style-type: none"> <li>Customer is responsible for all shipping charges to and from TSI (INCOTERMS DDP)</li> <li>Return shipping for warranty repairs is paid by TSI.</li> <li>If you select "Add to invoice", TSI will send best way and add shipping charges to your invoice.</li> <li>If you prefer faster return shipping, please select from the options to the left. The added charges will be applied to your bill.</li> <li>If you want shipping charges to go under your own account, please enter the carrier to the left and include your carrier account number. (If no account number is supplied, TSI will use it's default carrier).</li> </ul>	
<b>Carrier name</b> <input type="text"/>			
<b>Carrier account number</b> <input type="text"/>			
<b>Shipping Method</b> [GROUND]			
<b>RMA Request Payment Information</b>			
Select a payment type for this RMA request:			
[Purchase Order]			
<b>PO Number</b>		<input type="text"/>	
[<<< Back]		[Continue >>>]	

- If you selected **“Purchase Order”**, in the space provided next to **“PO Number”** enter your purchase order number

TSI.COM	FAQS	CONTACT	RESTART
<b>INSTRUMENT</b>	<b>REASON FOR RETURN</b>	<b>WARRANTY/SERVICE PLAN</b>	<b>PRICE FASTRAK</b>
VELOCICALC VENTILATION METER 9565-P   9565-P			\$80.00   NA
<b>Completed RMA Return Shipping</b>			
<b>Shipping Payment Type</b> [Add to invoice]		<b>Please note:</b> <ul style="list-style-type: none"> <li>Customer is responsible for all shipping charges to and from TSI (INCOTERMS DDP)</li> <li>Return shipping for warranty repairs is paid by TSI.</li> <li>If you select "Add to invoice", TSI will send best way and add shipping charges to your invoice.</li> <li>If you prefer faster return shipping, please select from the options to the left. The added charges will be applied to your bill.</li> <li>If you want shipping charges to go under your own account, please enter the carrier to the left and include your carrier account number. (If no account number is supplied, TSI will use it's default carrier).</li> </ul>	
<b>Shipping Method</b> [GROUND]			
<b>RMA Request Payment Information</b>			
Select a payment type for this RMA request:			
[Credit Card]			
<b>Credit Card Type</b>	<input type="text"/>	<b>Credit Card Number</b>	<input type="text"/>
<b>First Name</b>	<input type="text"/>	<b>Last Name</b>	<input type="text"/>
<b>*Expiration Date</b>	<input type="text"/>	<b>Phone Number</b>	<input type="text"/>
[<<< Back]		[Continue >>>]	

- If you selected **“Credit Card”** under **“Payment Type”** you will need to enter the following:
  - In space provided below **“Credit Card Type”** select either Visa, MasterCard or American Express
  - In the space provided below **“Credit Card Number”** enter the credit card number
  - In the space provided below **“First Name”** enter the first name as it appears on the credit card
  - In the space provided below **“Last Name”** enter the last name as it appears on the credit card
  - In the space provided below **“Expiration Date”** please select the month and year as it appears on the credit card
  - In the Space provided below **“Phone Number”** enter the phone number of the cardholder
  - Once you have completed these fields select **“Continue”**

TSI Online Service Request - Order Confirmation

Submit Your Order

<b>Bill To Information:</b> Contact: Name: John Doe Phone: 5555555555 Fax: E-mail: johndoe@tsi.com Organization Address: TSI Incorporated 500 Cardigan Road Shoreview, MN 55126 United States <input type="button" value="Edit Address Information"/>		<b>Ship To Information:</b> Contact: Name: John Doe Phone: 5555555555 Fax: E-mail: johndoe@tsi.com Organization Address: TSI Incorporated 500 Cardigan Road Shoreview, MN 55126 United States																
<b>Payment Details:</b> Order Payment Method: Purchase Order PO Number: 32131 <input type="button" value="Edit Shipping/Payment Information"/>		<b>Return Shipping Details:</b> Shipping Method: GROUND Shipping Payment: Prepay and Add																
<b>Instrument Details:</b> <table border="1"> <thead> <tr> <th>Items</th> <th>Return Reason</th> <th>Quoted Price</th> </tr> </thead> <tbody> <tr> <td>PORTACCOUNT PLUS 8020</td> <td></td> <td>675.00 USD</td> </tr> <tr> <td>CL 8020</td> <td></td> <td></td> </tr> <tr> <td>SN: 321654</td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>TOTAL 675.00 USD</td> </tr> </tbody> </table> <p><input type="button" value="Back"/>      <input type="button" value="SUBMIT THIS REQUEST -&gt;&gt;"/></p>				Items	Return Reason	Quoted Price	PORTACCOUNT PLUS 8020		675.00 USD	CL 8020			SN: 321654					TOTAL 675.00 USD
Items	Return Reason	Quoted Price																
PORTACCOUNT PLUS 8020		675.00 USD																
CL 8020																		
SN: 321654																		
		TOTAL 675.00 USD																

- Review your order to make sure you have entered the information accurately.
- In the event that you need to change the information:
  - If you need to change Bill To or Ship To information select “**Edit Address Information**” you will be taken to the first page and you will be able to make any changes necessary. Follow the steps as outlined on page 2 of this document
  - If you need to change “**Payment Details**” or “**Return Shipping Details**” select “**Edit Shipping/Payment Information**” you will be taken to that page of the form and you will be able to make any changes necessary. Follow steps outlined on page 3 of this document
- If everything is correct select “**Submit This Request**”

Please click the button below to print this page and complete the process.

Please return this page with your instrument

TSI Online RMA Request Form RMA #800109753

<b>Bill To Information:</b> Bill To Attn: John Doe Organization: TSI Incorporated Address 1: 500 Cardigan Road Address 2: Address 3: City: Shoreview State or Province: MN Zip/Postal Code: 55126 Country: United States Phone: 5555555555 Fax: E-mail: johndoe@tsi.com		<b>Ship To Information:</b> Ship To Attn: John Doe Organization: TSI Incorporated Address 1: 500 Cardigan Road Address 2: Address 3: City: Shoreview State or Province: MN Zip/Postal Code: 55126 Country: United States Phone: 5555555555 Fax: E-mail: johndoe@tsi.com	
<b>Method of Payment:</b> Payment Type: Purchase Order PO#: 32131		<b>Shipping Information:</b> Via: GROUND Other Type: PREPAY & ADD Shipper Account:	
<b>Product Information - Item #1</b> (RMA number for this product is 800109753) Description: PORTACCOUNT PLUS 8020      Service Type: CL 8020      Quoted Price: 675.00 USD Serial Number: 321654      Material Number: 800550      Equipment Number:			
Reason for Return:			

- The print page is now on your screen and you need to select “Print Page” and print the RMA form
- This form should be sent in with your instrument(s) and a copy for your records

Please click the button below to print this page and complete the process.

[Continue](#)  
Please return this page with your instrument

**TSI Online RMA Request Form RMA #800109753**

<b>Bill To Information:</b>	John Doe TSI Incorporated 500 Carlisle Road Address 2 City State or Province ZIP Code Country Phone Fax E-mail	<b>Ship To Information:</b>	John Doe TSI Incorporated 500 Carlisle Road Address 2 City State or Province ZIP Code Country Phone Fax E-mail
<b>Method of Payment:</b>	Purchase Order Type 2293	<b>Shipping Information:</b>	GROUND Type PREPAY & ADD Shipper Account

**Product Information - Item #1**  
 (RMA number for the product is 800109753)  
 Description: PORTSCOPE PLUS 8000      Service Type: CL 8000      Quoted Price: \$13,900.00  
 Serial Number: 321854      Material Number: 88050      Equipment Number:

Reason for Return:

- After you print the RMA form, select **“Continue”**



**TSI Online Service Request - Order Placed**

**Your RMA Number(s): # 800109753**

You have been assigned the above RMA number(s). This number(s) has also been sent to you via email. Please make sure to include this RMA number(s) and ship to the address below:

TSI Incorporated  
 RMA #800109753  
 500 Carlisle Road  
 Shoreview, MN  
 55126  
 U.S.A.

TSI will send another e-mail to you once your instrument is received. Besides confirming receipt of the instrument, this e-mail will detail the expected return shipment date.

If you have questions regarding price and/or turn-around time, please use the form to the right. We will respond promptly via e-mail.

- [TSI Homepage](#)
  - [Service Center Homepage](#)
  - [Service center information](#) for those who prefer to speak with a TSI service representative.
  - [Return to Online Service Form](#)
- Use our online form for the quickest turnaround.

- You have completed the RMA process and your RMA number is listed on this page
- You will need to send your instrument to the address listed on this page along with a copy of the RMA form for quicker processing
- In the event you have any questions select **“Contact”** and call the nearest service center