

Device serial number:

Sender:

Company			
Address			
ZIP code, city			
Contact person		Customer no	
e-mail		Telephone	

Return the device to:

- ☐ Device should be returned to the sender's address
- ☐ Device will be picked up

☐ **Service only, NO repair**

- ☐ Maintenance incl. electrical safety testing DGUV 3

Cost estimate is drawn up **without** checking the device.

☐ **Additional repair**

- ☐ Other error description:
-
-
-
-

Error occurs ☐ sporadically or ☐ permanently

A cost estimate **is** drawn up **after an initial inspection** of the appliance.

☐ **Additional services**

- ☐
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-
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☐ **We hereby confirm that there are no toxic, aggressive, radioactive or other hazardous media in or on the device / sensor.**

Name Date Signature