

Instructions for submitting a Return Material Authorization

(RMA)

Go to the Internet path: <http://www.l-3com.com/csw/rma>

(The following web page is displayed.)

L-3 Communications RMA Request Submission

[\(Click here for Instructions\)](#)
* Indicates a required field.

Item Information *Business Area: <input type="text"/> *Condition: <input type="text"/> *Return Type: <input type="text"/> *Location/Unit Name: <input type="text"/> *Part Number: <input type="text"/> *Serial Number: <input type="text"/> Item Description: <input type="text"/> System Name: <input type="text"/> System Used On Code: <input type="text"/> System Serial Number: <input type="text"/> *Problem Description <input type="text"/> *Failure Date: <input type="text"/> Failure Test Verified By: <input type="checkbox"/> Bench Test <input type="checkbox"/> System Test <input type="checkbox"/> Substitution Mission Down Time: <input type="text"/> Mission Impact: <input type="text"/> <small>Problems with this page? Email the Help Desk</small>	Customer Information *First Name: <input type="text"/> *Last Name: <input type="text"/> *Address Line 1: <input type="text"/> Address Line 2: <input type="text"/> *City: <input type="text"/> *State/Province: <input type="text"/> *Country: <input type="text"/> *Postal Code: <input type="text"/> *Email: <input type="text"/> *Phone: <input type="text"/> Identify Applicable Failure Conditions Altitude: <input type="text"/> Ambient Temp (°C): <input type="text"/> Line Replaceable Unit Temp (°C): <input type="text"/> Weather Condition: <input type="text"/> Run-Time Prior To Failure: <input type="text"/> Failure Scenario: <input type="text"/> Frequency Band: <input type="text"/> Data Rate: <input type="text"/> Software Version: <input type="text"/> Unit Configuration Form: <input type="text"/>	Shipping Information Return Carrier Name: <input type="text"/> Return Shipment Tracking Number: <input type="text"/> Ship To: <input type="text"/> Return Shipping Address Attn: RMA # <input type="text"/> L-3 Communications Communications Systems-West 640 N. 2200 W. Salt Lake City, UT 84116
---	--	---

Copyright © 2009 L-3 Communications

All required information is identified by an asterisk(*) next to the field. The form may not be submitted until this information is provided.

Item Information

The Item Information section identifies the item you are returning including other details about the return.

- **Business Area: Choose one of the following as it pertains to your business affiliation.**
 - **Air Force**
 - **Army**
 - **Marines**
 - **Navy**
 - **Other**
 - **Coast Guard**

- **Condition: Choose one of the following as it pertains to the current condition of the equipment being returned.**
 - **Repairable (Failed Condition)**
 - **Serviceable (Working Condition)**
 - **Consumable**
 - **Unknown**

- **Consumable Return Type: Choose one of the following as it pertains to your reason for returning the item.**
 - **Repair**
 - **Modification**
 - **Disposition (Residue/Excess)**
 - **Replace (Equipment was replaced in field)**
 - **Service Bulletin Repairable**
 - **Storage**
 - **Other**

- **Replace Location/Unit Name(DODAAC & Base Location): Your location or site name description (If Classified Mark as such).**

- **Part Number: The actual part number displayed on the part. If illegible, please enter “Unknown.”**

- **Serial Number:** The actual serial number displayed on the part. If illegible, please enter “Unknown.”
- **Item Description:** The specific description of the part (may be left blank if unknown)
- **System Name:**
 - **The name of the top-level system part the unit being returned came from (may be left blank if unknown)**
- **System Used On Code:** The 3-letter code identifying the top-level system part (may be left blank if unknown)
- **System Serial Number:** The serial number identifying the top-level system part (may be left blank if unknown)

Problem Description

The Problem Description section identifies the details of why the item is being returned.

- **Problem Description:** Details regarding the reason for returning the item. (Please provide all relevant data.)
- **Failure Date:** Enter the date the item failed.
- **Failure Test Verified By:** Choose any/all of the following test verifications (optional).
 - Bench Test
 - System Test
 - Substitution
- **Mission Downtime:** The elapsed downtime the failure caused to the mission (optional).
- **Mission Impact:** The impact the failure caused to the mission (optional).

Customer Information

The Customer Information section identifies who is submitting the RMA request.

- **First Name:** Your first given name.
- **Last Name:** Your surname.
- **Address Line 1:** The first line of your address.
- **Address Line 2:** The second line of your address (if applicable).
- **City:** The name of your city.
- **State/Province:** The name of your state/province.
- **Country:** The name of your country.
- **Postal Code:** The post office (zip code) for your address.
- **Email:** Your email address. **Phone:**
- **Your phone number.**

Identify Applicable Failure Conditions

This section provides additional details about the failed item being returned. All of the fields here are optional but if details are known, please enter them to assist in the identification of the root cause of the failure (If information is Classified please leave unanswered).

- **Altitude:** Select the altitude range at which the failure occurred.
- **Ambient Temp:** Select the ambient temperature range at which the failure occurred.
- **Line Replaceable Unit Temp:** Select the temperature range of the Line Replaceable Unit at which the failure occurred.
- **Weather Condition:** Select the condition of the weather at the time the failure occurred.
- **Run-time Prior to Failure:** Select the range of time the unit was running prior to failure.
- **Failure Scenario:** Select the scenario during which the failure occurred.
- **Frequency Band:** Select the frequency band at which the failure occurred.

- **Data Rate:** The data rate at which the failure occurred.
- **Software Version:** The software version of the item being returned.
- **Unit Configuration Form:** A description of the configuration of the unit at time of failure.

Shipping Information

The Shipping Information section identifies how the item is being shipped to L-3 CS-W.

- **Carrier Name:** The name of the shipping company.
- **Shipment Tracking Number:** The tracking number associated with the returned item.
- **Ship Method:** The priority of the shipment (1-day air, 2nd day air, ect.).

Click on the “Submit Form” button to create the RMA request.

The data from this form will be compiled into an email that you can send from your computer. You may print this email for your records.

If you need assistance with creating an RMA or if you encounter errors in trying to submit the form, please contact our RMA Customer Service team by dialing:

RMA Hot Line: (801) 594-7777

or by email: RMA.CSW@l-3com.com

Thank you