



**800-987-3743**  
RMA Form

Date Original Service was Performed: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Station: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Shift: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Return**

PPE Items	MFG/SERIAL #	Reason for Return
Turnout Coat Outer		
Turnout Coat Liner		
Turnout Pant Outer		
Turnout Pant Liner		
Wildland Coat		
Wildland Pant		
Helmet		
Boots		
Hood		
Gloves		
Misc.		

Special Instructions/Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Station Officer Name: \_\_\_\_\_ Station Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_ Returned Date: \_\_\_\_\_

Received By: Station Officer Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Comments: **Please remove all personal items from pockets.....Do not include Helmet and Boots in Bag.**

