



Requestors Name

Request Date

Requestors Email

Requestors Phone

Equipment Information:

*Job Name: _____ *Case or RMA # : _____

*Equipment Owner Company Name: _____

Installation Owner First Name: _____ Last Name: _____

*Installation Address: _____

*City, State, Postal Code: _____ / _____ / _____

*Original Equipment Owner: (Select one) YES / NO

*Equipment Location: (Select one)

iAIRE Equipment Information

*Model Number: _____ *iAIRE Serial Number: _____

RTU/Condenser Unit information

Packaged Roof Top Unit / Condensing Unit

*Model Number: _____ *Serial Number _____

AHU

*Model Number: _____ *Serial Number: _____

*Failure Date: _____ *Repair Date: _____

Failed Part Information

Failed Part Description: _____

Failed Part Model #: _____

*Is item a compressor? YES / NO

NOTE: If Yes, defective compressor model, serial numbers and new compressor model, serial numbers are required. If not, only part model numbers are required.

*Original Part Qty: _____ *Model Number: _____ Serial Number: _____

Original Part Qty: _____ Model Number: _____ Serial Number: _____

Original Part Qty: _____ Model Number: _____ Serial Number: _____

Replacement Part Information

*New Part Qty: _____ *Model Number: _____ Serial Number: _____

New Part Qty: _____ Model Number: _____ Serial Number: _____

New Part Qty: _____ Model Number: _____ Serial Number: _____

Diagnosis: (Describe what is wrong with the part(s) and what was done to correct it)