

RMA#: _____

ACDR RMA WARRANTY/REPAIR INSPECTION REQUEST FORM

Required Fields are marked with * to avoid delay in processing your request please complete these fields. Please send by e-mail to: **x-fea-acdr_rma@fujielectric.com**

*Date: _____

1.*Company Information

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Contact Person: _____
e-mail: _____

2. *Return Address: _____**3. *Shipping Carrier Account # (in case of out of warranty):** _____**4. *Inverter Type:** _____ **5.*Serial No:** _____**6. Purchased From:** _____**7. *Date of Purchase:** _____**8a.*P.O. Number:** _____ **&/or** **8b. *Fuji Electric Invoice Number:** _____**9.*Date of Trouble:** _____**10.*Trouble Description** _____**11.*Trouble Condition:** ☐:Power Turned On ☐:Accel ☐: Decel. ☐: Other _____**12. Frequency of Trouble:** _____ **13. *Alarm Display:** _____**14.Charge LED:** ☐: On ☐:Off **15. Operation Time:** _____**16. Input Line Voltage** L1-L2 _____ L2-L3 _____ L3-L1 _____**17. Motor Manufacturer:** _____ HP _____ RPM _____ V _____ Amp _____**18. DCR Installation:** ☐:No ☐:Yes**19. ACR Installation** ☐: No ☐: Yes**20a. Ambient Temp.:** _____ °F **20b. ACDR Installed in the Panel:** ☐:No ☐:Yes**21. Contamination :** ☐: No ☐: Yes / Description _____**22. Motor Filter Installed:** ☐: No ☐: Reactor ☐: Sine ☐: dV/dT**23. Output Main Contactor:** ☐: No ☐: Yes**24. *Option Card:** ☐: No ☐: Yes Yes, what type: _____**25. Control Terminals Used:** _____**26. Note:** _____**Ship to Address: Fuji Electric Corp. of America** 105 14th Street NW, Roanoke, VA 24017

Note: RMA Number expires if product is not received within 30 days of issuance of RMA number