



# Return Material Authorization Request Form

## 1. Customer Information

Company Name

First Name

Last Name

Address

City  State  Zip Code

Country

E Mail

Phone Number

## 2. Vehicle Information (if applicable)

Vehicle Year  Vehicle Make

Vehicle Model  Mileage

Vehicle VIN

Date of part installation (if known)

Date of concern with part

**Important:** If you are requesting an authorization to return a part originally sold to an Original Equipment Manufacturer (OEM), you must pursue part replacement with the appropriate OEM parts and service organization.

## 3. Part Information

Product:  Part Number  Serial Number

Description of product concern: Please submit photos for any defect or shipping damage concerns.  
For electronic parts provide detailed diagnostic information and or a copy of the dealership invoice.

Pictures submitted?  Yes  No  
Invoice submitted?  Yes  No

**Please review the form for accuracy and completeness, inaccurate or incomplete information will increase processing time or cause the form to be rejected**

All merchandise must be returned to the address below unless otherwise noted.

Quantum Fuel Systems  
25242 Arctic Ocean Drive  
Lake Forest, CA 92630

For Internal Use Only

Received  RMA number   Authorized

Processed by  Comments   Returned

Rejected