

FAR RETURNED GOODS AUTHORIZATION (RGA) FORM



FORM NO: MCR-C-0001-6
 ISSUE DATE: 9/29/2015

P.O. NUMBER: _____
 DATE REC'D: _____

INVOICE TO:

DIST/CUST. NO. _____

DISTRIBUTOR: _____

ADDRESS-1: _____

ADDRESS-2: _____

CITY: _____

STATE/PROV: _____

POSTAL CODE: _____

COUNTRY: _____

CONTACT: _____

PHONE: _____

FAX: _____

E-MAIL: _____

RETURN CLASSIFICATION:

This form is for FAR requests only.

Please fill form out completely and include a copy with your shipment. The more information and details you can provide the easier and quicker it will be to determine root cause of the failure.

Shipping Instructions:
 Please do not use styroform peanuts for packaging. Phone: 716-687-7191 for shipping verification. Phone: 716-687-4949 for all other inquires.

RETURN ADDRESS:

CUSTOMER: _____

ADDRESS-1: _____

ADDRESS-2: _____

CITY: _____

STATE/PROV: _____

POSTAL CODE: _____

COUNTRY: _____

Customer PO: _____

CONTACT: _____

PHONE NUMBER: _____

SHIP VIA: _____

ACCT. NO.: _____

SPECIAL INSTRUCTIONS											MOOG PART NO.	SERIAL NO.	MARKET	DETAILED REASON FOR RETURN
W	E1	E2	I	PB	PC	PH	F	X						

Description of Failure**:

Provide known repair history:

Has it been sent to a third party repair house? Yes No

Hours of operation on the component**:

Operations Environment: Shock Vibration

Site Technical Contact**: Name**: Phone**: E-mail**:

For FAR's expedites are unavailable. FAR's are inspect only and levels of repair apply after approval.
 W = Warranty Review Request / Inspect Only
 ** Required fields for FAR to be processed.

**Return Address: Moog Inc., Industrial Group, 300 Jamison Road, Bldg. 11D, Elma, NY 14059
 ATTN: Repair Service**

