



**ALPHA PRIME**  
**COMMUNICATIONS**

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**MOTOROLA**  
**SOLUTIONS**  
Value Added Reseller

## RADIO REPAIR FORM

**BILL TO:**

**SHIP TO (IF DIFFERENT FROM BILL TO):**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

DATE	BILLING CONTACT/EXT.	P.O. NUMBER	CONTACT/EXT. (IF DIFFERENT)	DEPT.
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MODEL NUMBER	SERIAL NUMBER	INCLUDED ACCESSORIES
		BATTERY <input type="checkbox"/> <input type="checkbox"/> MICROPHONE
		CHARGER <input type="checkbox"/>

**PLEASE DO NOT SEND REMOVEABLE ANTENNA OR OTHER PERIPHERALS THAT DO NOT NEED TESTING OR REPAIR.**

**BATTERIES WILL BE TESTED AND IF FOUND BAD, REPLACED UNLESS OTHERWISE INSTRUCTED**

**CHECK ALL THAT APPLY:**

- |   |   |
|---|---|
| <input type="checkbox"/> RECEIVER PROBLEM         | <input type="checkbox"/> NO RECEIVE AUDIO         |
| <input type="checkbox"/> TRANSMIT PROBLEM         | <input type="checkbox"/> NO TRANSMIT AUDIO        |
| <input type="checkbox"/> NO POWER (DEAD)          | <input type="checkbox"/> REPEATER NO CONNECT TONE |
| <input type="checkbox"/> CONSTANT TONE            | <input type="checkbox"/> RANGE PROBLEM            |
| <input type="checkbox"/> INTERMITTENT NO RECEIVE  | <input type="checkbox"/> DISPLAY PROBLEM          |
| <input type="checkbox"/> INTERMITTENT NO TRANSMIT | <input type="checkbox"/> PHYSICAL DAMAGE          |

**DETAILED DESCRIPTION OF PROBLEM:**