



Service Evaluation Form

**This form MUST be completed and enclosed with instrument to be serviced.
Failure to complete and return this form may cause delays in service.**

(Note: please ship items in their original shipping container(s) or a similar protective box.)

1. **Contact information:** **Customer Number** _____ (contact Customer Service)
Name _____ **Phone:** (____) _____
Fax: (____) _____ **Email:** _____

2. Bill to Address:	Ship to Address:
_____	KDHE Breath Alcohol Program
_____	1000 SW Jackson Suite 130
_____	Topeka, Kansas 66612
_____	_____

3. **Serial Number:** 80- _____ **Instrument Model:** 8000 _____

4. **Detailed Description of Problem:**

*****Hazardous Material Warning! – DO NOT return gas cylinders with instrument!*****

I Authorize Repairs Up To: All \$250 \$500 \$750 Other \$ _____
Purchase Order Number (attach a copy of P.O. if applicable) _____

Authorized By:

_____	_____
Name (Please Print)	Title
_____	_____
Signature	Date

Ship to:

CMI, Inc.
Attn: Service Dept.
316 East Ninth Street
Owensboro, KY 42303

No, please send estimate before repairs are made.
 Note: An estimate will be faxed before performing any repairs and may cause delays in service.
 An evaluation fee (\$79.00 or actual costs) will apply to estimates that are not repaired.