Proper Completion of This Form is Vitally Important to the Prompt and Efficient Handling of Product Warranty Claims.

I. This claim form, properly completed, must accompany any returned Product and be received by CPI Microwave Power Products (MPP) prior to expiration of the adjustment period. Compliance with this requirement assures the user of the most prompt and thorough service possible. A Product returned within the adjustment period, but without the completed Returned Product Form, will be treated as out of warranty.

II. Complete the following information regarding the Product being returned:

A. Returned Material Authorization No.: ____________________________
   (Call CPI/MPP Customer Service Department to obtain this number.)

B. Product Type:
   CPI Part No.: __________________ Serial No.: __________________
   Customer Part No.: __________________

C. Customer Purchase Order No.: __________________
   Date of Purchase Order: __________________

D. Control Specification No.: __________________ Dated: __________________
   (Check one) Document of CPI ☐ Document of your company ☐

E. Contract Warranty (either CPI Warranty Code or specification paragraph):
   Filament Hours: __________________ Warranty Adjustment Began: __________________
   Adjustment Time: ___________ (months) Expires: __________________

III. Claim is made against warranty based on the following:

A. Specifications(s) not met by the Product (list by specification and paragraph number):

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Verify revision before use.
**PLEASE FILL IN FOR FAILED PRODUCTS:**

<table>
<thead>
<tr>
<th><em>Product Type</em></th>
<th>Date Installed</th>
<th>Date Failed</th>
<th>Filament Hours</th>
<th>Radiate Hours</th>
<th>Filament Current</th>
<th>Beam Current</th>
<th>Body Current</th>
<th>High-Voltage Arcs</th>
<th>W/G Arcs</th>
<th>Coolant Flow</th>
<th>Mechanical Problems</th>
<th>Electro-Magnet Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>S/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lo</td>
<td>Hi</td>
<td>Nml</td>
<td>Hi</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Nml</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hi</td>
<td>Lo</td>
<td>Hi</td>
<td>Nml</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Lo</td>
</tr>
</tbody>
</table>

*It is necessary to have the Product serial number rather than the system serial number.*

B. Describe the circumstances and/or sequence of events under which the Product failed. Include remarks relating to installation problems, system anomalies, and so forth.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IV. System used in ______________________________

Serial No.: ______________________________

V. Purchaser’s Name: ______________________________

Address: ______________________________

Telephone: ______________________________

Claim made by: ______________________________

Name of person to contact for additional information: ______________________________

Telephone: ______________________________

________________________________________________________________________
(Signature)

________________________________________________________________________
(Date)
Return completed form with Product promptly to

<table>
<thead>
<tr>
<th>Communications &amp; Power Industries LLC</th>
<th>Tel:</th>
<th>(650) 846-3900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microwave Power Products Division</td>
<td>Fax:</td>
<td>(650) 856-0705</td>
</tr>
<tr>
<td>Building 2 Receiving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>811 Hansen Way</td>
<td>E-mail</td>
<td><a href="mailto:MPPMarketing@cpii.com">MPPMarketing@cpii.com</a></td>
</tr>
<tr>
<td>Palo Alto, CA 94303-0750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention: Returned Products/RMA #___________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CAUTION

DAMAGE CAN OCCUR IF COOLANT IS NOT REMOVED BEFORE PRODUCT SHIPMENT.