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. Control Specification No.: ___________________ Revision: _______ Dated: ______________
   (Check one) Document of CPI ☐ Document of your company ☐

D. Customer Purchase Order No.: _____________________________
   Date of Purchase Order: _____________________________________

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

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

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
B. Product Information

<table>
<thead>
<tr>
<th>Product Type</th>
<th>*Product S/N</th>
<th>Date Installed</th>
<th>Date Failed</th>
<th>Filament Hours</th>
<th>Beam Hours</th>
</tr>
</thead>
<tbody>
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*It is necessary to have the Product serial number rather than the system serial number

C. Failure Description — Check Appropriate Box(es)

- ☐ Helix current (Iw) runaway
  - ☐ DC ☐ RF
- ☐ High helix current (Iw)
  - ☐ DC ☐ RF
  - Iw value
  - Frequency(s)
- ☐ Low power
  - Frequency(s)
- ☐ Oscillation
  - ☐ DC ☐ RF
  - Frequency
  - Voltage
- ☐ Over temperature/Temperature trip

- ☐ TWT will not turn on – surge current
- ☐ Gain out of specification
  - Frequency
  - Measured value
- ☐ High Voltage Arcing
  - ☐ Gun / ☐ Collector / ☐ W/G
- ☐ Down to air (DTA)
- ☐ Electrical issues not stated above
- ☐ Mechanical problem(s)
  - Other

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
IV. 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

Communications & Power Industries LLC
Microwave Power Products Division
Building 2 Receiving
811 Hansen Way
Palo Alto, CA 94303-0750
Attention: Returned Products/RMA #__________

Tel: (650) 846-3900
Fax: (650) 856-0705
E-mail: MPPMarketing@cpii.com

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