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):

   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
Returned Product Form for Helix Traveling-Wave Tubes (TWTs)

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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
 Returned Product Form for Helix Traveling-Wave Tubes (TWTs)

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.