SERVICE AUTHORIZATION FORM Highway Safety Technology Unit 80 South Swan Street Albany, NY 12210 Ph: 518-485-7636 / 518-402-0689 Fax: 518-457-6869

THIS FORM IS USED TO AUTHORIZE THE DIVISION OF CRIMINAL JUSTICE SERVICES TO PERFORM SERVICE ON THE INSTRUMENT IDENTIFIED. THIS AUTHORIZATION MUST ACCOMPANY EACH PIECE OF EQUIPMENT WHEN IT IS PRESENTED TO THE EQUIPMENT REPAIR CENTER FOR SERVICE. **PLEASE SIGN AND DATE FORM.**

SECTION I - AGENCY INFORMATION

Name of Agency		Today's Date
Address	City, State, ZIP	
Contact Person		Contact Telephone
Contact Email		Best Way to Reach You During Appointment Period

SECTION II - INSTRUMENT INFORMATION

Instrument Manufact	urer (Please Cir	rcle)										
NPAS DMT GU	TH Applied	d Concepts (Stalker)	Decatur (Genesis)	Kust	tom (Eagle/Falcon)	MPH A	Alco	-Sensor	Other:			
Model Number					Instrument Serial Num	ber						
Antenna Serial Number (if applicable)						Type of maintenance (check appropriate)						
Antenna 1			/ Antenna 2					Ca	libration Check		Repair	
Brief Description of N	Alfunction											
List all parts, cables and/or accessories being submitted. Tuning forks must accompany all radar units (if applicable). (Please Circle)												
DMT/SIM:					Radar:							
DMT	SIM	Tubes			Control Unit	Antenna(s)		Ante	enna Cable(s)			
Keyboard	Other:				Power Cord	Forks		Othe	er:_			
I acknowledge I am signing this Service Authorization Form as an act and deed of said agency, organization, or municipality, and that I am duly authorized to sign same for												
the uses and purposes mentioned herein. PLEASE SIGN AND DATE.												
Signature						Date						

DCJS USE ONLY