

SERVICE AUTHORIZATION FORM
Highway Safety Technology Unit
80 South Swan Street
Albany, NY 12210
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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 Manufacturer (Please Circle)		
NPAS DMT	REPCO SIM	Applied Concepts(Stalker)
Decatur(Genesis)	Kustom(Eagle/Falcon)	MPH
A/S FST	Other:	
Model Number	Instrument Serial Number	
Antenna Serial Number (if applicable)		Type of maintenance (check appropriate)
Antenna 1 --	/ Antenna 2 --	<input type="checkbox"/> Calibration Check <input type="checkbox"/> Repair
Brief Description of Malfunction		
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)	Antenna Cable(s)
Keyboard	Other:	Power Cord Forks Other: _
<i>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.</i>		
Signature		Date

DCJS USE ONLY