VisionSafe Corporation
EVAS® BIENNIAL SERVICE
SERVICE DUE NOTIFICATION

Your EVAS® Unit is due for Service on the date reflected in the Service Due Date. The cost for maintenance on each EVAS® unit is $815, provided units are returned within +/- 3 months of the Service Due Date. Additional cost will be incurred if units are returned beyond the +3 month window. Service turnaround time is five working days, based on priority one shipping within the U.S., and 5 to 7 working days for international shipments. Please refer tour website www.visionsafe.com for international shipping instructions.

The instructions and forms are located at the bottom of the service page. To prevent delay in customs please provide a completed commercial invoice to include HS code 9801.00.1012 for duty free entry. Should you have any questions regarding the above please email busservices@visionsafe.com

Please correct and/or complete information below and select the proper bill to address. Please fax the completed form to the number listed below, or email to busservices@visionsafe.com and enclose the original with your EVAS® unit.

Ship EVAS® unit to:
VisionSafe Corporation
Attention: Service Dept.
46-217 Kahuluiha St.
Kaneohe, HI 96744 USA
Fax: (808) 247-6313 Phone: (808) 235-0849 EMAIL: busservices@visionsafe.com

| Aircraft Model: | |
| Aircraft Registration Number: | |
| Aircraft Serial Number: | |
| EVAS® Model Number: | |
| EVAS® Serial Number: | |
| Service Due Date: | |

**Date Unit Shipped For Service:** Requested Return Date:

**Aircraft Owner Information:**
Company:
Address:

*Phone: ____________________________ Contact Name: ____________________________*

Fax: ____________________________

E-mail: ____________________________  □ Bill To

**Aircraft Operator Information:**
Name:

*Phone: ____________________________ Company: ____________________________*

Fax: ____________________________ Address:

E-mail: ____________________________  □ Bill To

**Maintenance Facility Information:**
Name:

*Phone: ____________________________ Company: ____________________________*

Fax: ____________________________ Address:

E-mail: ____________________________  □ Bill To

**Return Shipping Address:**

**Shipping Account Information:**

Company: ____________________________
Dept./Contact: ____________________________ Account Number: ____________________________
Address: ____________________________ Ship Preference: ____________________________

Phone: ____________________________