

# NVG SERVICE INSTRUCTIONS

You must open a requisition for NVG service, and send a copy with your shipment (When your shipment returns to you, close the requisition).

**NVGS WITHOUT A REQUISITION CANNOT BE SERVICED.**

A packing slip must be created for your shipments.

**SHIPMENTS WITHOUT A PACKING SLIP WILL BE PLACED IN QUARANTINE.**

When a repair is needed, or the 180 day inspection is due, ship your equipment to:

Night Vision Shop  
Metro Aviation Inc.  
1214 Hawn Ave  
Shreveport, LA 71107

Include in your shipment:

- **All accessories including the helmet mount and battery pack**  
*We need to inspect all of your equipment*
- **A completed NVG Service Request**  
*An accurate return address is important*  
*Please describe in detail any problems you have with the equipment*
- **A completed Inventory Worksheet**  
*We'll also inventory the items upon arrival*
- **A completed Maintenance Log**  
*Please fill out the first three columns*  
*Store it inside the soft case*

**Please ship via UPS ground, unless faster shipping is necessary.**

Darren L. Knight | Night Vision Systems  
Metro Aviation, Inc.  
P.O. Box 7008 | Shreveport, LA 71137  
T 318.698.5271 | F 318.698.5203 | M 318.655.3696  
[dknight@metroaviation.com](mailto:dknight@metroaviation.com) | [www.metroaviation.com](http://www.metroaviation.com)

# Metro Aviation, Inc.

# NVG Service Request

Contact Darren Knight: [dknight@metroaviation.com](mailto:dknight@metroaviation.com) Office: 318-698-5271

Shipping Address: Metro Aviation Inc., 1214 Hawn Ave, Shreveport, LA 71107

Please provide your base's three letter identifier: \_\_\_\_\_

**IMPORTANT: PROVIDE YOUR EQUIPMENT RETURN ADDRESS**

Return to: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NAME OF THE EQUIPMENT	SERIAL NUMBER

**IF RUSH SERVICE IS REQUIRED: THIS NVG EQUIPMENT MUST BE RETURNED TO SERVICE NO LATER THAN:**

What kind of services do you want? Inspection \_\_\_\_\_ Repair \_\_\_\_\_

Comments? Problems? \_\_\_\_\_

Equipment Sent By: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Metro Aviation, Inc.**

**NVG Inventory Worksheet**

**PLEASE CHECK THE BOX FOR EACH ITEM YOU'RE SHIPPING**

	Night Vision Goggles	Serial Number:
	Battery Pack	Serial Number:
	Battery Pack Counter Weight	
	Battery Cartridges	How many?
	Helmet Mount Assembly	
	Optional Battery Pack Mounting Kit	
	Lens Caps	
	Neck Cord	
	Operators Manual	
	Lens Paper	
	Lens Cleaning Brush Pen	
	Other Items – Describe:	
	Soft Carrying Case	
	Hard Carrying Case	

INVENTORIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INVENTORIED AT METRO BY: \_\_\_\_\_ DATE: \_\_\_\_\_

