

At Pilot, we want to make the return process as easy as possible. The instructions below outline the steps necessary to successfully enter an Amazon return for your customer.

**Please read before you begin:**

- The return cannot be completed without the customer’s email address and Amazon RMA ID.
- Be sure to complete all fields and place a check mark in both “Send Email” and “Email Label and HAWB”.
- Please check the Return Routing Maps provided to identify the correct destination address.
- The ‘Ship Date’ represents the date that the return has been entered into Co- Pilot and NOT the pick-up date.
- An email will be sent to the customer containing the Pilot Tracking number, bill of lading, shipment details and pick-up appointment schedule.

**COPILOT**  
ONLINE SHIPPING NAVIGATOR

Welcome **AMAZONREPS**  
Friday, September 27, 2019

Current Location: **AMAZON.COM - RETURNS 0961227-0091**

**Home** **Ship** **Quote** **Reports** **Alerts** **Track** **Settings / Logout**

Drafts  
Products/Catalog  
**New Shipment**  
Manifest  
Reprint  
Address Book  
Special Instructions  
Shipment Defaults  
Blank HAWB

Pilot Station :

[Click to Hide Party Information..](#)

Shipper/Consignee **Third Party**

Shipper	Consignee
Address Book: - SELECT - <input type="checkbox"/> Save	Address Book: - SELECT - <input type="checkbox"/> Save
Company Name: <b>1</b>	Company Name: <b>3</b>
Attention: <b>1</b>	Attention: <b>3</b>
Phone #: <b>1</b> Ext: <b>1</b>	Phone #: <b>3</b> Ext: <b>3</b>
Street Address: <b>1</b>	Street Address: <b>3</b>
City: <b>1</b>	City: <b>3</b>
State: ALABAMA	State: ALABAMA
Postal Code: <b>1</b>	Postal Code: <b>3</b>
Country: UNITED STATES OF AMERICA	Country: UNITED STATES OF AMERICA
Email Address: <b>1</b>	Email Address: <b>3</b>
<input type="checkbox"/> Send Email <input type="checkbox"/> Email Label and HAWB Document <b>2</b>	<input type="checkbox"/> Send Email <input type="checkbox"/> Last Mile

Enter your email addresses separated by commas

Shipper Reference Number: **Amazon RMA ID** **4**

Consignee Reference Number:

**NOTE:** Entering multiple reference numbers is allowed, please enter one number on each line.

Click to Hide Services..

Ship Date: 09/27/2019 | Payment Type: THIRD PARTY  
 Ready Time: 12:00 | Close Time: 17:00  
 Service: HD - STANDARD 1 MAN |  Swap Exchange | Original Pilot Pro#

**Special Instructions**

Special Instructions

I consent to screening of any cargo moving air transportation. Failure to provide this consent in the check box indicated will result in your shipment not being provided air transportation.  
 Yes  No

Hazardous Materials  Hazardous Materials | 24 Hr. Contact Phone#:   
 Class:  UN#:  **Hazmat**

Click to Hide Line Items..

Enter Product #: Products & Catalog | Quantity:  | Units:  in  cm **Load Product**

Pieces	Description	Weight	Weight(kg)	Length	Width	Height	
No data to display							
<b>Total: 0</b>		<b>Total: 0</b>	<b>Total: 0</b>				

Pilot Station :

Click to Hide Party Information..

Shipper/Consignee: Third Party

Address Book: - SELECT -  Save

Company Name:

Attention:

Phone #:  ext

Street Address:

City:

State: ALABAMA

Postal Code:

Country: UNITED STATES OF AMERICA

Email Address:

Send Email

Click to Hide Services..

Ship Date: 09/27/2019 | Payment Type: THIRD PARTY  
 Ready Time: 12:00 | Close Time: 17:00  
 Service: HD - STANDARD 1 MAN |  Swap Exchange | Original Pilot Pro#

**Special Instructions**

Special Instructions