



Calibration – Print and Mail-In Form

PO# _____

Company Information

Company _____ Date: _____

Contact: _____

Address: _____
Street Address

City _____ State _____ ZIP Code _____

Phone: _____ Email _____

Billing (If Different From Above)

Company: _____ Phone: _____

Address: _____ Contact: _____

Type of Service Requested (Select all that apply)

<u>Service</u>	<u>Quantity</u>	<u>Serial #</u>	<u>Serial #</u>	<u>Serial #</u>
Thermometer				
Force Gauge				
Bottle Cap Tester				
Pressure Gauge				
Viscometer				

*Specific Test Points Available Upon Request

Requests: _____

More Serial Numbers: _____

Disclaimer and Signature

I certify that NBS Calibrations has my permission to perform calibrations on the equipment included with this form.

I have filled out both the request form. Any items deemed unrepairable or unsafe to work on will be shipped back to me. The cost of damages in shipping to NBS Calibrations are my responsibility.

Signature: _____ Date: _____