

**Request for Calibration Form** - This form must be completed, signed and submitted to us by email, fax or as a printed copy before calibration service can commence.

Today's Date			
Your Name			
Your Phone Number			
Your Company or Organisation			
Your Delivery Address			
Your Required Date			
Calibration Required	Product Code	Serial Number (for equipment you are sending in)	Calibration Points Required

I \_\_\_\_\_ authorise Instrument Choice Pty Ltd and their partners to perform a calibration service of the equipment listed in the table above.

I also understand that although every care is taken by the staff at Instrument Choice Pty Ltd, their calibration partners and their chosen company; Instrument Choice Pty Ltd will not be held liable if damage occurs to the equipment (listed above) whilst in the possession of Instrument Choice or their contractors.

I understand that when the calibration service takes place, there is always a possibility the technician could find a fault with the device and as a result the calibration of the equipment cannot be finalised as is. If this is the case Instrument Choice Pty Ltd will make contact as soon as possible to describe the problem and Instrument Choice Pty Ltd would still need to charge for the costs incurred so far. If the technician can repair the equipment a quote will also be given at this point detailing potential costs. The repairs would be optional but calibration would not be completed without authorisation of the repairs first.

Signed \_\_\_\_\_

Date \_\_\_\_\_