

# UKAS CALIBRATION REQUEST FORM

To help us provide a more efficient calibration service and avoid delaying your calibration, please complete and return this form with the instrument. For special calibration requirements or any questions regarding calibration please contact the head of laboratory Mr. James Bailey.

INSTRUMENT TYPE..... SERIAL No. .... YOUR ORDER No.....

Please perform the following service:- (tick as necessary)

- Issue a UKAS Certificate - **no adjustments made**
  - Issue a UKAS certificate with both **before and after results** if adjustment was required.
  - Special calibration requirements
- |  |
|--|
| <input type="checkbox"/> Fast turn round (25% surcharge for this service - standard is 4 working days) |
| <input type="checkbox"/> Please quote for the above calibration  |

Calibration interval 6 Months.....12 Months.....Other please specify.....  
Reference No. to be shown on certificate (if required).....

Contact Name.....Date.....

Company Name.....

Address.....

Telephone No.....Extn.....Fax.....

For your convenience any instruments returned to Transmille will be automatically recalled according to the specified calibration interval (Note : If this is not entered the recall period will be automatically entered as 12 months).

✂...Return address label.....

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