



PLEASE SUBMIT THIS COMPLETED FORM TO Sales@DrysedaleAssoc.com OR SHIP WITH INSTRUMENT TO BE CALIBRATED

Customer:	Phone:	Email:
Date:	Purchase Order #:	Drysedale & Associates Quotation #:

Ship To	Bill To
Company Name:	Billing Contact (if different):
Contact:	Street Address:
Street Address:	City, State, Zip:
City, State, Zip:	For Electronic Submission, Email Address:
Please choose option(s) for receiving calibration certificates (electronic in PDF format).	
Report Results To:	Timing Request of Completed Calibration:

Mail with Invoice: <input type="checkbox"/>	Email to:
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Ship with Instrument: <input type="checkbox"/>	Fax to:
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How would you like instrument(s) returned? Carrier: ☐UPS ☐FedEx ☐Hand deliver ☐Customer PU Charges: ☐PP&A ☐Collect-Account # _____ ☐Insure Shipment for: _____

	Instrument Model #	S/N	Calibration to be Performed (ISO or NIST)	Calibration Specifics		
				-temperature points -reference previous calibration	-tolerance -include annual recalibration date on label	-as found & final data
1						
2						
3						

Special Instructions:	A simple decision rule is used and uncertainties are not used in the determination of Pass/Fail unless the customer specifies otherwise. Customer agreement as to decision rule _____ (initial here) OR customer specified decision rule _____ Form completed by:
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Record as of:

Completed calibration submission form indicates agreement with Laboratory terms and conditions, and authorizes Drysdale & Associates, Inc. to perform the requested calibrations.