



PLEASE SUBMIT THIS COMPLETED FORM TO Sales@DrysdaleAssoc.com OR SHIP WITH INSTRUMENT TO OUR LAB AT: 595 Chicory Lane Cincinnati, OH 45244

| | | |
|------------------|--------------------------|---|
| Customer: | Phone: | Email: |
| Date: | Purchase Order #: | Drysdale & 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: |
| Ship with Instrument: <input type="checkbox"/> | Fax to: |

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: | <p>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 _____</p> <p>Form completed by:</p> |
|------------------------------|---|

Record as of:

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