CALIBRATION REQUEST FORM

This form must be completed before items are scheduled for calibration. Please include a copy of this completed form with all scheduled shipments. Failure to schedule an appointment and include this completed form will delay processing and calibration of equipment.

If you have any questions or concerns, please do not hesitate to contact us at (803) 253-4052.

PERSON MAKING THIS REQUEST
Name
Phone
Email

COMPANY SUBMITTING ITEMS
Company Name
Address
City, State, Zip

METHOD OF PAYMENT
Credit Card □ Yes □ No
Purchase Order
Billing Name
Address
City, State, Zip
Accounts Payable Email
Accounts Payable Phone

Note: Calibration Certificates will not be issued until payment is received.

RETURN SHIPPING
Account Number
Insurance Amount
Shipping Method

Note: If shipping account is not entered above, shipping and handling will be prepaid and added to the invoice. If insurance amount is not entered above, shipment will be returned and not be insured.

DESCRIPTION OF ITEMS BEING SUBMITTED
Please include Class of weight/kit, number of weights in set, size of weight(s), serial number, set or gage number, and if possible previous South Carolina Test Number. If submitting multiple weights, we ask for an inventory list of what is being shipped with the following references: previous state test number, Serial/ID Number, size of weight(s), and if a kit, please also include kit Serial/ID Number.

FOR DEPARTMENT USE ONLY
Received by
Comments
Date
Past Due Invoice(s)