



ATLANTIC SCALE COMPANY, INC.
Instrumentation Division
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ISO 9001:2008
 Registered by ABS
 Certificate #47572

ISO/IEC 17025:2005
 ANSI/NCSL Z540-1-1994
 Accredited by A2LA
 Certificate #2736.01

Calibration Request Form

Company Information:

Bill To:

Ship To: Same as "Bill To:"

Company: _____

Company: _____

Address: _____

Address: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Payment Type:

Purchase Order _____

Credit Card _____ Will call when work is complete.

Note: Please include your hard copy purchase order with the equipment. Work will not begin on your order until a Purchase Order has been received.

Equipment List

ID	SN	Description	Test Method	Frequency	Date Format	
<input type="checkbox"/> Equipment List Included: -Method, Frequency, and Format answers apply to all equipment on list.			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day
			<input type="checkbox"/> Standard <input type="checkbox"/> Accredited	<input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years	<input type="checkbox"/> M/Y	<input type="checkbox"/> D/M/Y <input type="checkbox"/> Exact <input type="checkbox"/> Last Day

Shipping Instructions via UPS:

Priority: Next Day Air 2nd Day Air Ground

Billing: Pre-Pay & Add Bill to Account: _____

Decontamination:

Equipment has been used w/ Hazardous Materials

Equipment has not been used w/ Hazardous Materials

Note: If the above named equipment has used with Hazardous Materials, it must be cleaned with a process/ agent that is suitable for deactivating/removing the hazardous materials.. By signing or emailing this completed document you are hereby certifying that the equipment has meet this requirement.

Approval:

 Printed Name

 Signature (Not required if being emailed.)