



ATLANTIC SCALE, A METTLER TOLEDO Brand
136 Washington Ave, Nutley, NJ 07110
30 East Centre St, Nutley, NJ 07110
Phone: 973.661.7090 Fax: 973.661.3651

SCALES | BALANCES | LOAD CELLS | CHECKWEIGHERS | DRUM FILLING | TRUCK SCALES | WEIGHTS
 DIMENSIONAL | ELECTRICAL | FLOW | HUMIDITY | PIPETTES | PRESSURE | SPEED | TIME | TEMPERATURE

ISO 9001:2015
 Registered by ABS
 Certificate #47572
 ISO/IEC 17025:2005
 ANSI/NCSL Z540-1-1994
 Accredited by A2LA
 Certificate #2736.01
ASC-1069.1

Calibration Request Form

Shipping Information:

- Scales, Balances, Weights: 136 Washington Ave, Nutley, NJ 07110
- Instrumentation: 30 East Centre St, Nutley, NJ 07110

Company Information:

Bill To:	Ship To: <input type="checkbox"/> 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"/> 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

Key:
 Standard: As Found/As Left w/ Adjustment & Preventive Maintenance as required.
 Accredited: Same as above w/ A2LA 17025 Accredited Logo & Measurement Uncertainty
 Frequency: Requested Calibration Cycle / when your equipment will be due again for calibration. Also when you will receive a notification of expiration.
 Date Format: M/Y (Month/Year), D/M/Y (Day/Month/Year), Exact (Exact Day when using D/M/Y), Last Day (Last Day of Month when using D/M/Y)

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.)