



Contact Info:
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EQUIPMENT SUBMISSION FORM

Please fill out form completely and include test leads with equipment upon shipment.

Company Name: _____ Acct #: _____ Quote # _____
Contact Name: _____ Phone: (____) _____ - _____
Email Address: _____

****Point of contact for Repair** (If different than above)

Contact Name: _____ Phone: (____) _____ - _____
Email Address: _____

(REQUIRED) Purchase Order number or Credit Card Type:

(Please **do not** list your card number on this form.)

Is the Ship To Address a Jobsite? ☐ Yes ☐ No

If yes: How much time remaining at Jobsite?

Return Address:

Address: _____

City: _____ State: _____ Zip: _____

Billing Address: (If different than return address)

Address: _____

City: _____ State: _____ Zip: _____

Return Method: ☐ UPS ☐ FEDEX ☐ FREIGHT ☐ JM DELIVERY ☐ OTHER

Type: ☐ Next Day ☐ Next day Early ☐ 2nd Day ☐ 2nd Day Early ☐ 3 Day Select ☐ Ground

UPS or FedEx Account number: _____

(Please provide if you would like your equipment returned collect.)

Special Request/Instructions:

By default, only the UUT specifications are considered when making statements of "in" or "out" of tolerance.
If a different measurement decision rule is needed, please specify under 'Additional Requests.'

Automatically repair if under 50% cost of new? ☐ Yes ☐ No

Estimate required? ☐ Yes ☐ No

Additional Requests:

Calibration Information

*Additional charges apply for 17025 Calibration.

By default, the calibration interval is set to 12 months. If a different interval is desired, please specify under 'Cal Freq'. If no interval is desired, please put '0' under the 'Cal Freq' section.

Timing:

(**Extra Calibration charges apply; timing does not apply to equipment needing repairs)

- ☐ Standard Calibration 7-10 Business Days
- ☐ Expedite Calibration** 3-5 Business Days
- ☐ Emergency Calibration** Same Day Services

	Manufacturer	Model & Range	Serial No.	Cal Freq	Traceable Cal	17025 Cal	Repair	Warranty Review
1				_____ mos.				
2				_____ mos.				
3				_____ mos.				
4				_____ mos.				
5				_____ mos.				
6				_____ mos.				
7				_____ mos.				
8				_____ mos.				
9				_____ mos.				
10				_____ mos.				
11				_____ mos.				
12				_____ mos.				
13				_____ mos.				
14				_____ mos.				
15				_____ mos.				
16				_____ mos.				
17				_____ mos.				
18				_____ mos.				
19				_____ mos.				
20				_____ mos.				

REPAIR/WARRANTY REVIEW ONLY:

Describe problem(s) fully:
