



Bilog Antenna Calibration Request Form

Section 1: Company & Shipping Info

Purchase Order #:

Company Name:

Company Address (Street, City, State, Zip):

Technical Contact/End User Name:

Purchasing Contact:

Phone #:

Phone #:

Fax #:

Fax #:

Email:

Email:

Name on Certificate:

Address on Certificate (Street, City, State, Zip):

“Ship To” Name:

“Ship To” Address (Street, City, State, Zip):

Return Shipping Company (FedEx, UPS, etc.):

Return Shipping Method (1 day, 2 day, ground, etc.):

Customer’s Account Number:

Section 2: Calibration Information

Manufacturer:

Model:

Serial Number:

Asset Number:

Calibration Standard – Include Date (ANSI C63.5, CISPR 16-1-6, SAE/Mil Spec, or other):

Is ANSI C63.4 Annex N, *Test site-specific hybrid antenna qualification procedures, limitations and acceptance criteria*, (2014) required?

Check which of the following are needed:

VSWR

Antenna Symmetry

Note: We recommend a minimum 4dB attenuator to meet requirement.

Client will supply attenuator

Purchase attenuator from Keysight

Is CISPR 16-1-6 Clause 6.3, *functional checks of an AUC [Antenna under Calibration]*, required?

Check which of the following are needed:

VSWR

Return Loss

Balance Check

Cross Polarization

Radiation Pattern

Calibration Interval (1 year, 2 year, Client Discretion):

Distance (1m, 3m, 10m, other):

Polarization (Horizontal, Vertical, Freespace):

Frequency Range (Are there specific steps/points needed? Additional costs may be added.):

Special Requirements (VSWR, Return Loss, Radiation Pattern, NSA, or other – Additional costs may be added.):

Notes: Please send a copy for each unit - If calibration standard or cal requirements are not listed, calibration will be performed to our default standard. - If calibration standard is customer's internal standard, a paper or electronic copy must be given to Keysight. - All information MUST be completed. If form is not completed and signed, calibration will be delayed. - A hardcopy purchase order or credit card info must be on file in order for calibration to be performed.

Customer Approval Signature

Date

Please email this form to quotes.lc@keysight.com for an estimate.