

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:

If unit has been previously calibrated by us and same cal interval, cal standard, and cal requirements are needed please indicate so here and then sign & date at bottom of form:

Same as last year.

Otherwise, continue filling out the form below:

Calibration Standard – Include Date (ANSI C63.5-2006, SAE ARP 958, CISPR 16-1-4, or customer specified standard):

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

Other Information/Notes:

Notes:

1. Please send a copy for each unit
2. If calibration standard is not listed, calibration will be performed to our default standard (ANSI C63.5-2006).
3. If calibration standard is customer's internal standard, a paper or electronic copy must be given to Keysight.
4. All companies must complete and return our shipping waiver before units can be returned.
5. All information **MUST** be completed. If form is not completed and signed, calibration will be delayed.
6. 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.