



Immunity Generator Calibration Request

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. If you have any concerns about which edition is preferred, please do not hesitate to ask.

Calibration Standard:

IEC 61000-4-4		IEC 61000-4-11	Edition 2.0
IEC 61000-4-5		IEC 61000-4-12	Edition 2.0
IEC 61000-4-8	Edition 2.0	IEC 61000-4-16	Edition 2.0
IEC 61000-4-9	Edition 1.1	IEC 61000-4-18	Edition 1.1
IEC 61000-4-10	Edition 1.1	IEC 61000-4-29	Edition 1.0

Other (please specify):

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

Other Information/Notes/Login/Password:

Notes:

1. Please send a copy for each unit.
2. If calibration standard is not listed, calibration will be performed same as previous year. If there is no previous year data, calibration will be performed to our newest default standard. Any requested changes to the standards edition by the client during or after the calibration process will have an additional charge.
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.