



**ISO/IEC 17025 and ANSI/NCSL Z540-1 accredited**  
*The specialists in ASTM and laboratory thermometers & hydrometers*  
Members: ASTM API NCSLI ASQ NCWM

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*Setting new standards in calibration excellence!*

## CALIBRATION ORDER FORM FOR VOLUMETRIC GLASSWARE

### CUSTOMER INFORMATION

Date: \_\_\_\_\_

Bill to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name on Certificate: \_\_\_\_\_

Same as above

### DEVICE & TESTING INFORMATION

Please check box as appropriate: **If the "Same as previous calibration" box is checked, no further test point information is required.**

SERIAL NO. _____	TEST POINT(S):	Same as previous calibration Other (please specify): _____
SERIAL NO. _____	TEST POINT(S):	Same as previous calibration Other (please specify): _____
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SERIAL NO. _____	TEST POINT(S):	Same as previous calibration Other (please specify): _____

### RECALIBRATION INTERVAL (per the requirements of your quality system)

Please indicate the calibration interval you wish to appear on the calibration report, for example, "1 YEAR", or specify "NONE" if you do not wish to have a 'Next Due' date appear.

RECALIBRATION INTERVAL: \_\_\_\_\_

If the interval is left blank, we will insert a 'reasonable and prudent' calibration interval taken from NIST or other authoritative body recommendations.

Note: if we know your recalibration interval, we will contact you approximately one month before the expiration of that interval to remind you recalibration will soon be due.

ANY SPECIAL INSTRUCTIONS OR REQUESTS?

**SAFETY INFORMATION**

Have any of the devices submitted for calibration been exposed to radiation, bio-hazardous material or other hazardous contamination?

- No
- Yes \*

\* If yes, I hereby certify that these device(s) have been decontaminated by approved methods and are safe for handling.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Company: \_\_\_\_\_

**PAYMENT OPTIONS (Please select one)**

- Visa
- MasterCard
- American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Street Address : \_\_\_\_\_ Zip Code: \_\_\_\_\_

**RETURN SHIPMENT (Please select one)**

- UPS Ground
- UPS Next Day
- UPS 2 Day
- FedEx Ground Collect
- FedEx Priority Collect
- FedEx 2 Day Collect
- Collect UPS Acct. No. \_\_\_\_\_
- Collect FedEx Acct. No. \_\_\_\_\_

**PLEASE NOTE: A SHIPPING LABEL FOR YOUR USE IS PROVIDED BELOW**

Ship To:

**ICL CALIBRATION LABORATORIES, INC.**  
**1501 DECKER AVENUE**  
**SUITE 117**  
**STUART, FLORIDA 34994**  
**ATTENTION: CALIBRATION**