



Service Request Form

Shipping Information

Bill To: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Name: _____

Phone: _____

Email: _____

Shipping Method: _____

Account # _____

(if shipping address is different from billing address)

Ship To: _____

Address: _____

City: _____

State: _____ Zip: _____

Payment Information

Purchase Order # _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Cardholder's Name: _____

Service Request Information

Instrument Name and Model: _____

Manufacturer: _____

Instrument Serial Number: _____

Depot Repair

Description of Problem:

Calibration

Frequency: _____

Has your instrument been exposed to hazardous materials? Yes* No

**If yes, please complete the Statement of Decontamination form and include a copy of this form and your order along with your instrument(s). If instrument(s) have been exposed to hazardous materials, service will not be performed without a completed Decontamination form.*

Signature: _____ Title: _____

Print Name: _____ Date: _____

To receive a quote for re-calibration and/or repair, return this form with purchase order via one of the following methods:

- Mail along with instrument to BTS Attn: Metrology Lab, 9373 Activity Rd Ste J, San Diego CA 92126
- Fax to 858-271-8963