



Service Request Form

Customer Name: _____ Date: _____

Shipping Address: _____ PO #: _____

Manufacturer	Model Number	Serial Number	Calibration Cycle	Test Points Requested (standard test points will be used if left blank)

Contact Information:

Name: _____ Email: _____ Phone: _____

Special Notes or Requests: _____

Complete form, include with equipment, and ship to: Newco Inc. Calibrations, 121 Aberdeen Drive, Florence, SC 29501

No repairs will be made without notification of the estimated costs and prior authorization.

Calibration Decision Rules:

- Pass – result ± expanded uncertainty (if listed) is less than or equal to the tolerance
- Fail – result ± expanded uncertainty (if listed) is greater than the tolerance

Signature: _____ Date: _____