|  |
| --- |
| COMPANY INFORMATION |
| **Demand Date** |   | **Demand Number \*** |  |
| **Name** |  |
| **Address** |  |
| **Tax Identification number** |  | **Tax Administration** |  |
| **Invoice Address** |  |
| **CORPORATION ATHORITATIVE INFORMATION** |
| **Name Surnames** |  |
| **His/Her Title** |  | **e- mail** |  |
| **Phone Number** |  | **Fax** |  |
| **Remarks ( Abouth Calibration )** |  |
| DEVICE INFORMATOIN |
| **NO** | DEVICE NAME | MANUFACTURER | **MODEL** | **SERİES NO** | **MEASUREMENT RANGE** | **PREVIOUS MGM KALMER CERTIFICATE NO** |
| **1** | **Sample (Thermometer)** | (Vaisala) | (HMP45) |  | (-40 °C to +50 °C) |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| DELIVERY INFORMATION (All Shipping costs are the responsibility of the Customer. Invoice can be send by post or by hand.) |
|  | Post | By Hand | **Cargo** | **Remarks (If you want your shipment to a different address)** |
| **Device** |  | **[ ]**  | **[ ]**  |  |
| **Certificate** | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **Invoice** | **[ ]**  | **[ ]**  |  |  |

NOTES : This form is only used for calibration demands. Form including our Calibration Offer will be sent to corporation authoritative by fax or e-mail.

In case of insufficiency of the calibration demand form, this form may be duplicated.

 You can sent the demand form by fax (+90 312 361 23 56) or by e-mail (kalibrasyon@mgm.gov.tr).

“MGM KALMER Terms and Conditions for Calibration” can be seen by www.mgm.gov.tr.

Technical documents should be sent whit device if available.

All shipping costs are the responsibility of the costumer.

(\* ) Demand number will be filled by MGM KALMER.