



## Calibration Request Form

A completed copy of this form must be included with each PBT Instrument sent to CMI for calibration. This form is only valid for calibrating the following instruments:  
**S-D2, S-D5, I-500, I-600, and I-800.**

1. **Contact information:** Customer Number \_\_\_\_\_ (If Known)  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. **Bill to Address:** \_\_\_\_\_ **Ship to Address:**  Check if same as Bill To  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. **Manufacturer** \_\_\_\_\_ **Model** \_\_\_\_\_ **Serial Number** \_\_\_\_\_

THERE IS A \$25.00 FEE PER INSTRUMENT FOR THIS SERVICE. YOU WILL BE CONTACTED BY A CMI, INC. REPRESENTATIVE FOR A PO NUMBER OR OTHER PAYMENT INFORMATION.

In the event the PBT cannot be calibrated to within acceptable tolerances:

- Forward Instrument to CMI Service for a repair estimate.** An estimate will be faxed before performing any repairs. Note - An evaluation fee (\$39.50 or actual costs, less any previously applied charges for calibration) will apply to estimates that are not repaired.
- Return Instrument to client.** Any previously applied charges for calibration, less actual return freight costs, will be refunded to the client.

Authorized By:

\_\_\_\_\_  
Name (Please Print) Title

\_\_\_\_\_  
Signature Date

**Ship To:**  
**CMI, Inc.,**  
**Attn: Calibration**  
**316 East Ninth Street**  
**Owensboro, KY 42303**

By signing above, the client acknowledges that they are sending their PBT to CMI, Inc. for calibration only, that it is understood CMI, Inc.'s calibration service does not include any diagnostic or repair services, and that the only written documentation the client will receive from CMI, Inc. for this service will be a receipt which indicates the date and calibration check value after calibration.

Office Use Only	Gas Lot #	Cylinder #
Date:	Gas Standard Value:	Post Calibration Check Result: