



Sensing Solutions by **molex**

307 Cayuga Rd, Suite 100
Cheektowaga, NY 14225
Phone (716) 276-2975

Calibration Request Form

INSTRUCTIONS: ****PLEASE DO NOT SEND KITS, ONLY SEND THE METER**** Please complete **the Calibration** Request Form with all information. Next, purchase the calibration service from the website. Once you have completed the transaction attach a copy of your receipt to this form and include it when shipping your device back to Attn: Calibrations at the address above

Date: _____

Name of purchaser: _____

Company Name: _____

Contact phone#: _____

Original
Date of Purchase _____

Original
Origin of purchase: Sensorcon Website
Other _____
(please specify)

Calibration Order # _____

Product Description: _____

Serial# _____ (located on back of unit) If multiple units list all serial numbers _____

Return Shipping Address: _____

