

**Repair and Calibration form**

*Please fill in this form and attach to the instrument.*

**Date:**

 Company:         PO nr.:

Street:          Contact person:

Postal code:      Phone:

City:           e-mail:

# When sending goods, please specify the reason with code and describe in details.

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| --- |
| **1** Repair (please describe details below) |
| **2** Technical Defect / does not work properly (Please describe details below) |
| **3** Traceablecalibration **4** Accredited calibration (only Gauge blocks 0,5-100 mm) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount** | **Article Number** | **Serial Number** | **Reason Code** |
|          |         |          |           |
| Remarks: |           |
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| Remarks: |            |

**Description of Details:** Reason Code:

Description of Reason: