



Calibration / Repair Submittal Form

Please Fill out this information and send in with your instrument(s):

Company: _____

Bill to Address: _____

Ship to Address: _____

Return Shipping Via:

Shipping Method:

Contact: _____

Shipping Account #: _____

Phone: _____

Email: _____

Form of Payment: PO# _____

Credit Card (We will contact you for card information)

*****Please DO NOT include fittings, test leads, accessories, or loose parts with instrument(s)*****

Please ship instrument(s) to:

Colonial Instruments, Inc.
 Attn: Calibration Department
 1 Chestnut St 4th Floor, Suite 4H
 Nashua, NH 03060

Brief description of Instrument(s) and process media exposed to:

Instrument Has Been Decontaminated
 NIST / SI Traceable Calibration Repair
 Require Oxygen Cleaning after Calibration
 Wish to purchase additional Instrument(s):

