Weight Re-Calibration Request

*Company: _____ Customer #: _____

*Billing Address: _____ *City: _____

*State: _____ *Zip/Postal Code: _____ *Country: _____

*Contact: _____ Phone: _____

E-mail: _____ Fax: _____

Shipping Address (if different from above billing address)

*Company: _____

*Address: _____ *City: _____

*State: _____ *Zip/Postal Code: _____ *Country: _____

*Shipping Method: _____

*Purchase Order #: _____ Credit Card #: _____

If replacing weights or cases: ☐ Return old Expiration Date: _____

☐ Dispose of old Cardholder's Name: _____

***Recall Date:** ☐ Yes If yes, date/number of years: _____

☐ No

***Documentation Required (select only one type of documentation):**

☐ NVLAP Weight Calibration Certificate (Traceable to NIST)

☐ Mass Value RLWS Certificate (Not an accredited certificate)

☐ NVLAP Traceable Certificate (Traceable to NIST, Classes 4, 6, 7 and F)

Specify name and address to be printed on certificate:

*Company: _____

*Address: _____ *City: _____

*State: _____ *Zip/Postal Code: _____ *Country: _____

*Range and Density of Weights

*Number of Weights	Serial Number(s)	Prior Cert. Number(s)

***Class of weight(s) described in table to left:**

ASTM: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

OIML: ☐E2 ☐F1 ☐F2 ☐M1 ☐M2 ☐M3

NIST: ☐ Class F ☐ Other: _____

*Range and Density of Weights

*Number of Weights	Serial Number(s)	Prior Cert. Number(s)

***Class of weight(s) described in table to left:**

ASTM: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

OIML: ☐E2 ☐F1 ☐F2 ☐M1 ☐M2 ☐M3

NIST: ☐Class F ☐ Other: _____

** Required Information*

Have these weights been exposed to hazardous materials? ☐**Yes ☐ No

Signature: _____ Title: _____ Date: _____

Print Name: _____ Print Title: _____

**If yes, please complete Statement of Decontamination form and include a copy of this form and your order along with your weights. If weights have been exposed to hazardous materials, service will not be performed without a completed Decontamination Form.

Additional Services/Products? - New Weight Case, Weight Forceps, Weight Lifters, Gloves, etc.

To receive a quote for re-calibration, return this form with purchase order via one of the following methods:

- E-mail to orderdesk@ricelake.com
- Fax to 715-234-6967
- Mail along with weights to Metrology Lab

For questions, please contact our weights specialists at 800-472-6703 ext. 6655.

RICE LAKE WEIGHING SYSTEMS

230 W. Coleman St. • Rice Lake, WI 54868 • USA

TEL: 800-472-6703 • FAX: 715-234-6967

www.ricelake.com/recalibration

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Notes:

To place an order call **800-472-6703** or visit **ricelake.com/precision**
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