


<b>Request/Agreement Form for Calibration of Standard Resistors</b>				
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## Request/Agreement Form for Calibration of Standard Resistors

Name of National Metrology Institute as it should appear on the certificate:

Name of person to contact for technical information:

Telephone:

Fax:

email:

Description of standard resistors						
Serial number	Manufacturer	Model number	Nominal Resistance	Temp. coefficients $\alpha_{23^{\circ}\text{C}}/10^{-6}\text{K}^{-1}$ $\beta/10^{-6}\text{K}^{-2}$	Pressure coefficient/ $10^{-9}/\text{hPa}$	Last BIPM Certificate (No./year)

**Probable Date of Delivery to the BIPM:**

**Customs documents and formalities:** (Please indicate method by marking an "X" after the appropriate entry):

1. Member-state of the European Union, no customs documents required. _____	2. Diplomatic Bag. _____
3. ATA Carnet. _____	4. Other. (Please contact BIPM for details). _____

You will shortly receive a form **BIPM/ADM-DOU-F-04** giving us your shipping and customs instructions. It must be completed and returned to the BIPM Administration Dept. before shipping or carrying the standards.

**Language of the certificate (English / French):**

**Address to which the certificate shall be sent:** \_\_\_\_\_

**Official Authorization:**

Signature of the Director or delegated officer of the National Metrology Institute designated by a Member-State of the Metre Convention authorizing a free calibration:

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

On the part of BIPM, I agree to carry out the calibration requested above:

Signature of BIPM Electricity Department Director \_\_\_\_\_ Date \_\_\_\_\_

A copy of the signed form will be sent via email to (indicate email address) \_\_\_\_\_

**Or**, a signed copy will be returned to you by fax to (indicate fax number) \_\_\_\_\_.