


<b>Calibration request for 1 kg mass standard in stainless steel</b>				
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**CALIBRATION REQUEST FOR 1 kg MASS STANDARD IN STAINLESS STEEL**

Name of National Metrology Institute:.....

Name of person to contact for Technical Information:

Telephone:.....

Fax:.....

email:.....

Proposed start date for the calibration:.....

**Identification of the mass standard .....**

- If this is the first calibration by the BIPM, please supply the following information if known:  
 Manufacturer:.....  
 Volume at 20 °C:.....cm<sup>3</sup>, or, volume unknown, please calibrate   
 Volumetric thermal expansion near 20 °C:.....°C<sup>-1</sup>
- If the volume magnetic susceptibility has not yet been measured by the BIPM, *please indicate your choice by marking an "X" before the appropriate entry.*  
 Yes, I wish to have the volume magnetic susceptibility calibration.  
 No, I do not wish to have the volume magnetic susceptibility calibration.
- After initial calibration, do you wish to have this mass standard cleaned by the BIPM Mass department? (**approximately two additional months will be required**)  
*Please indicate your choice by marking an "X" before the appropriate entry.*  
 Yes, I wish to have the mass standard cleaned.  
 No, I do not wish to have the mass standard cleaned.  
 I will decide after the initial calibration.  
 I wish to discuss this question with the Director of the Mass Department.
- How do you plan to take care of Customs documents and formalities?  
*Please indicate your choice by marking an "X" before the appropriate entry.*  
 Member-State of the European Union, no customs documents required.  
 Diplomatic bag.  
 ATA Carnet.  
 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 Finance, Administration and General Services Department before shipping or carrying the standards.

- Official authorization for this request:  
 Name (in capital letters):.....  
 Designation:.....  
 Date:.....  
 Signature:

*Part reserved to the BIPM Mass Department*  
 This calibration request is confirmed by:.....  
 Signature and date:  
 .....