



Request/Agreement Form for Calibration of Standard Capacitors				 Bureau International des Poids et Mesures	 QUALITY MANAGEMENT SYSTEM
Author: Michael Stock	Date: 2015/09/29 Version: 2.1	Authorized: Michael Stock	BIPM/ELEC-F-05		

Request/Agreement for Calibration of Standard Capacitors

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 Capacitors						
Serial Number of Capacitor		Manufacturer	Capacitor Model Number	Nominal Capacitance	Temperature Coefficient (if applicable)	Last BIPM Certificate (No./year)
Capacitor	Chassis (if any)					

Probable Date of Delivery to the BIPM:

Unless special arrangements are made, the capacitors will be calibrated with an rms applied voltage of 100 V for 1 pF and 10 pF standards and 10 V for 100 pF standards. Calibration results will be given for two different frequencies: 1000 Hz and 1592 Hz

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 Meter 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) _____