


Request/Agreement Form for Calibration of Standard Resistors				 Bureau International des Poids et Mesures Quality Management System
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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) _____