


<b>Request/Agreement Form for Calibration of Voltage Standards</b>				
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## Request/Agreement Form for Calibration of Voltage Standards

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

Name of person to contact for technical information:

Telephone:

email:

Description of standards						
Serial number	Manufacturer	Model number	Nominal Voltage(s)	Temp. Coefficients	Pressure Coefficients	Last BIPM Certificate (No./year)

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

**BIPM Measurement Procedure for Zener Diode-Based Standards:**

Zener diode-based electronic standards are measured at 1.018 V and 10 V only. During the measurements the circuit is operated on internal battery power, the “guard” and “ground” terminals are connected to ground and the “high” and “low” output terminals are left floating with respect to ground. If fitted with an internal thermistor, the resistance will be measured with a current not exceeding 10  $\mu$ A and the value recorded for each measurement. Atmospheric pressure and relative humidity will also be recorded. If you require different connections or procedures, please note them here: .....

**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** to provide us your shipping and customs instructions. It must be completed and returned to the BIPM 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 Physical Metrology Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

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