

Radiation Meter Calibration/Repair Requisition Form

Contact Information

Company

Contact Name

E-mail

Phone Number

CNSC Licence # *If applicable*

Invoice Address

Use same as return address

Company

Address

City

Province Postal Code

Country

Phone Number

Contact Name

E-mail

Return Address

Address

City

Province Postal Code

Country

Service Details

	Manufacturer	Model	Serial Number	Service Required	Comments
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Calibration Turnaround Time Standard (within 5 business days) Rush (within 1 business day) - Additional \$75

Return Shipping Details

ALARA Consultants Inc. will not be responsible for any loss, theft, or damage of your shipment to and from our facility

Courier: Account Number: Insure Shipment: Yes No

I do not have a courier account, bill me for all applicable transport fees

Shipping Type Ground Express Priority Overnight

If left unchecked it is assumed insurance is being declined

Insured Amount:
(\$100 - \$5000)

Invoice Payment Options

Contact me for payment

Visa/Mastercard Expiry Date CVC
 Purchase Order # Cost Code