

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 \$50

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

If left unchecked it is assumed insurance is being declined

Shipping Type ☐ Ground ☐ Express ☐ Priority Overnight

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

Invoice Payment Options

☐ Contact me for payment

Visa/Mastercard Expiry Date CVC

Purchase Order # Cost Code