

Order for calibration / testing of measuring instruments**Contact:**

Eich- und Beschusswesen Baden-Württemberg (EBBW)

(The address of the responsible office can be found at: www.ebbw.org – *Betriebsstellen*)**1. Your Data / contact person**

	Applicant	Invoice recipient (if different)
Company:		
Street / No.:		
Post Code / City:		
Name, First Name:		
Phone / E-Mail		

2. Measuring device

Description / Type	
TAC	
Serial Number:	
Your Reference:	

3. Calibration Service

Please choose:	<input type="checkbox"/> EBBW - calibration
	<input type="checkbox"/> EBBW - test

4. Calibration / Remark

Normative basis, procedure, desired measurand, calibration point,...	
<input type="checkbox"/>	If possible, i would like the device to be adjusted at a corresponding additional cost, if the measured values are outside the specifications.

The general Terms and Conditions of the EBBW, containing the Calibration-, Testing- and Certification Regulations have been read and accepted (see www.ebbw.org)

The relevant data privacy policy of the EBBW regarding the processing of personal data has been read and accepted.

Date and Name: _____

Remark: Either enclose the completed order to the measuring device or send it by email to the appropriate office.