## Order for performing the service of calibration at the Calibration Laboratory for the Ventilation Measuring Instruments

Date: ……………………..

**Instrument name:** …………………………….

**The type of service:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | calibration of flow velocity measurement instruments | |  |
| 2. | calibration of pressure measurement instruments | |  |
|  | a. | the based method U>0,2%FS |  |
|  | b. | the standard method 0,05%FS<U<0,2%FS |  |
|  | c. | the full method U<0,05%FS |  |
| 3. | determination of pitot tube coefficient | |  |

**Measurement points:** …………………………….

**Sender's information (for invoicing):**

|  |  |
| --- | --- |
| Company Name / Private Individual: | ……………………………. |
| Address: | ……………………………. |
| VAT numer: | ……………………………. |
| Contact person: | ……………………………. |
| Phone: | …………………………….. |
| e-mail: | …………………………….. |

**User details (for the certificate, leave blank if the details are the same as the sender's):**

|  |  |
| --- | --- |
| Company Name / Private Individual: | ……………………………. |
| Address: | ……………………………. |

**Return shipping address:**

|  |  |
| --- | --- |
| Company Name / Private Individual: | ……………………………. |
| Address: | ……………………………. |
| Contact person: | ……………………………. |
| Phone: | …………………………….. |

**Method of instrument pickup:**

…………………………….

Signature of the issuer