

Section One – Customer Information Verification

Customer: _____
Address: _____
City: _____ ST _____ Zip _____
Phone: _____
Fax: _____
Contact: _____
Email: _____

Section Two – PO Verification

PO# _____
Verbal Hard Copy Blanket
Hard Copy Received? _____

Section Three – Type of Services Requested

- _____ Level 1- Repair
- _____ Level 2- Calibration w/Label
- _____ Level 3- Calibration w/Label and Certificate
- _____ Level 4- Calibration w/Label and Certificate w/ As Left Data
- _____ Level 5- Calibration to ANSI/NSCL Z-540 - Long Form Certificate with As Found & As Left Data
- _____ Level 6- Calibration to ISO/IEC 17025 / A2LA Accredited with Long Form Certificate of Calibration

Section Four – Technical Assignments

Gage ID# assignemnts:	Customers _____	ASI _____
Calibration Intervals:	Customers _____	ASI _____
Calibration Procedures	Customers _____	ASI _____
Tolerance Specifications	Customers _____	Mfr _____

Please provide any special requirements in Section Six

Section Five – Subcontracting

Subcontracting OK _____
Comments:

Section Six – Special Requirements

Section Seven – Comments

Section Eight – Acceptance

Accepted by: _____
 A.S. & I., Inc. **Customer** **Date**