



**RADIATION
A•L•E•R•T**
QUALITY HANDHELD DETECTORS

Please ship your instruments for calibration or repair to:

S.E. INTERNATIONAL, INC. ATTN: CALIBRATION DEPARTMENT

US Postal use: h \ " ' o uV yo

FedEx or UPS use: 7 k o uV yo

800.293.5759 | Fax: 931.964.3564 | WWW.SEINTL.COM

CALIBRATION FORM

THIS FORM SHOULD BE FILLED OUT AND SENT WITH YOUR SHIPMENT
DO NOT SEND CONTAMINATED INSTRUMENTS OR CHECK SOURCES

Contact Information:

Name:

Company Name:

Address:

City, State, and Zip:

Phone Number: _____ X _____

Email Address:

Calibration Cert Information: ☐ Same as Contact

Calibration intervals will automatically be set to 12 months unless otherwise requested.

Name:

Company Name:

Address:

City, State, and Zip:

Phone Number: _____ X _____

w/ Before & After Data
Additional Fees Will Apply

Email Address: (Calibration Reminders will be emailed to this address)

Unit Information:

Serial #: _____

- ☐ Ranger
☐ Ranger EXP**
☐ Monitor 200
☐ Monitor 1000
☐ Frisker

- ☐ Inspector
☐ Inspector EXP**
☐ Digilert
☐ Monitor 4
☐ Monitor 4EC

- ☐ Monitor GT
☐ Monitor 5
☐ MC1K
☐ URSA-II
☐ SentryEC

- ☐ GammaView
☐ Area Monitor

Calibration Interval Request:

6mo 12mo 18mo

2yr 3yr

**** INCLUDE EXP PROBE & CABLE WITH EXP UNITS * For RAD-60s or Pen Dosimeters, please contact us for pricing & lead times**

Return Shipping Information: ☐ Same as Contact

Name:

Company Name:

Shipping Address:

City, State, and Zip:

Preferred Carrier:

- ☐ UPS
☐ FEDEX
☐ US Postal

☐ Shipping Collect
If Yes, Collect Acct #:

- ☐ OVERNIGHT
☐ 2DAY ☐ 3DAY
☐ PRIORITY MAIL
☐ GROUND

Phone Number: _____ X _____

*** All TNT shipments must be originated by company requesting service on their account. Note if you do not have terms do not originate pickup until we contact you.

Billing and Payment Information: ☐ Same as Contact

PO #: _____ (must have preexisting Net 30 terms**)

Name:

Company Name:

Billing Address:

City, State, and Zip:

Email Address:

☐ Electronic Invoicing

Credit Card

Exp Date:

V-Code:

Authorizing Signature:

Print Name:

Phone Number: _____ X _____

☐ Contact for CC Info

All new customers requesting Net 30 terms must complete a Credit Application. Contact us for a standard form that contains business credit information, bank references, three (3) credit references and company Accounts Payable contact information. Any replacement parts under \$30.00US used to insure proper calibration will be replaced automatically and charged to your invoice. **ANY CONTAMINATED INSTRUMENTS WILL BE RETURNED TO YOU AS IS AT YOUR EXPENSE!