**Calibration / Metrology Submission Form**

**Customer Information**
- PO#: ____________________
- Contact Name: ____________________
- RCM Quote: ____________________
- Company Name: ____________________
- PH: Number: ________ Ext ______
- Address: ____________________
- Submission Date: ____________________
- Due Date: ____________________

**Email:** ____________________

### Calibration Submission – Item Description and Instructions

<table>
<thead>
<tr>
<th>Gage ID</th>
<th>Gage Description</th>
<th>Gage Tolerance (^1)</th>
<th>Cal. Interval (^1)</th>
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</table>

**Special Instructions:** ____________________

**Note:**
1. Default calibration interval of 6 months for hand tools & 1 year for all other equipment.
2. If no tolerance is provided by customer, manufacturer or industry standard specifications will be used.

### CMM / Metrology Submission - Instructions

- Number of Parts: ________
- Print Revision Level: ________
- Part No: ____________________
- Full _ ✓ _ Partial _ _ Capability Study _ _ Digitize _ _ Other _ _
- Gage Certification _ _ Fixture available _ _ CAD Data Available _ _
- Interval for Gage Certification: ________ (Default interval of 1 year unless otherwise specified)

### Shipping Requirements

- Customer Pick-Up _ _ RCM Delivery _ _ UPS _ _ Ground _ _ 2nd Day _ _ Overnight _ _ Other _ _ Specify: ____________________

**Client Signature:** ____________________

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Please fill out the appropriate sections above or attach applicable information (PO….)

Rev 8/20/08