2012 CALIBRATION REGISTRATION FORM

PLEASE FILL IN **ALL** BLANKS

Email or Fax to Appropriate Vendor

CALIBRATION SITE/DATE_____

Place √ mark before the machine to be serviced: _____AUDIOMETER _____TYMPANOMETER

_____ AUD/TYMP COMBINATION _____OTOACOUSTIC EMISSIONS (OAE) _____ OAE/TYMP COMBINATION

_____

Make Model# Serial #

I authorize the following services on-site: (Place √ before the desired vendor and/or service)

Vendor Authorized to service my equipment:

_____**Branson Electronics** _____**Specialty Instruments**

_____**Medical Technologies** _____**Midwest Special Instruments**

Authorized Services and Price:

$_____ Calibration check-up for Audiometer $_____ Full Audiometer calibration, if needed

$_____ Full Tympanometer calibration, even if only non-screened frequencies are out of specification: Yes or No
(Circle One)

$_____ Full Otoacoustic Emissions (OAE) calibration
(some cannot be calibrated, you will be notified if applicable)

$_____ Repairs at vendor's quoted rate Amount Limited To: $_____

Authorized Signature_____

Name School (including ISD#)/Clinic/Agency

_____

Email Address

_____

Address

Bill to if different than above_____

Agency Name/Address

Purchase Order # _____ Date:_____

The vendor may contact _____ at _____

Name of Authorized Person Telephone Number

on the day of servicing if there are questions.

If you are requesting and authorizing service for more than one machine, please list all of your other equipment on page 2 of this form and attach to this page.

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Equipment Type (e.g. OAE, audiometer / tympanometer)	**Make**	**Model**	**Serial #**
TOTALS			