

## CALIBRATION REQUEST FORM

### Information About the Company Requesting Calibration

|                     |                   |                          |                   |
|---------------------|-------------------|--------------------------|-------------------|
| Application Date    | ...../...../..... | Desired Calibration Date | ...../...../..... |
| Company Name        |                   |                          |                   |
| Company Address     |                   |                          |                   |
| Tax Office          |                   |                          |                   |
| Tax Number          |                   |                          |                   |
| Authorized Person's | Name, Surname :   | Title :                  |                   |
|                     | Tel Number :      | /                        | Fax :             |
|                     | e-mail :          | Approval / Signature:    |                   |

### Information about the Devices

| No | Device Name / Description | Device Brand / Manufacturer | Device Model | Device Serial Number | Device Operating Range / Capacity (with Unit) | Device Precision / Readability | Desired Calibration Range / Points |
|----|---------------------------|-----------------------------|--------------|----------------------|---|--------------------------------|------------------------------------|
| 1  |                           |                             |              |                      |   |                                |                                    |
| 2  |                           |                             |              |                      |   |                                |                                    |
| 3  |                           |                             |              |                      |   |                                |                                    |
| 4  |                           |                             |              |                      |   |                                |                                    |
| 5  |                           |                             |              |                      |   |                                |                                    |
| 6  |                           |                             |              |                      |   |                                |                                    |
| 7  |                           |                             |              |                      |   |                                |                                    |
| 8  |                           |                             |              |                      |   |                                |                                    |
| 9  |                           |                             |              |                      |   |                                |                                    |
| 10 |                           |                             |              |                      |   |                                |                                    |
| 11 |                           |                             |              |                      |   |                                |                                    |
| 12 |                           |                             |              |                      |   |                                |                                    |
| 13 |                           |                             |              |                      |   |                                |                                    |
| 14 |                           |                             |              |                      |   |                                |                                    |
| 15 |                           |                             |              |                      |   |                                |                                    |

#### Note

- 1) "Turkish Cement Manufacturers' Association R&D Institute - I have read and accepted the Calibration Laboratory Calibration Service Terms.
- 2) After the request letter and calibration fee have been submitted to our organization, applications will be processed. The calibration fee can be collected at our organization or can be facilitated through a transfer to the account with Türkiye İş Bankası, Küçükevler Şubesi, Türkiye Çimento Sanayicileri Birliği, EÇKA İşletmeleri Euro Account, Swift Code: ISBKTRIS and 4211 - 594355 account or TR53 0006 4000 0024 2110 5943 55 IBAN number.
- 3) In on-site calibration services, accommodation and travel expenses are the responsibility of the customer.
- 4) The calibration request form must be completed in full and submitted to us.
- 5) You can access our accreditation scope with number AB-0038-K on the TÜRKAK website.
- 6) If the customer requests and specifies the acceptance criteria, a conformity declaration can be provided for other devices using the decision rule of TS EN ISO/IEC 17025:2017, provided that there is a compliance/class description specified in the standards or upon specifying the acceptance criteria.
- 7) Customer information is not shared with third parties. However, in the event of a legal authority's request, customer information and the issued certificate can be shared, unless prohibited by law.