



Radiological Protection Institute of Ireland

An Institiúid Éireannach um Chosaint Raideolaíoch

3 Clonskeagh Square, Clonskeagh Road, Dublin 14.
Telephone: 01-2697766. Fax: 01-2697437. Website: www.rpii.ie



Calibration Service Application Form

Contact Details

PLEASE COMPLETE IN BLOCK CAPITALS

Contact Name:	<input type="text"/>	Position:	<input type="text"/>
Company Name:	<input type="text"/>		
Company Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Telephone Number (include area code):	<input type="text"/>	Fax Number:	<input type="text"/>
Email:	<input type="text"/>	Mobile Number:	<input type="text"/>

If you require invoices to be sent to a different address please fill in the following:

Contact Name:	<input type="text"/>	Position:	<input type="text"/>
Billing Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Telephone Number (include area code):	<input type="text"/>	Fax Number:	<input type="text"/>
Email:	<input type="text"/>	Mobile Number:	<input type="text"/>

Calibration Details

Instrument Details

Instrument Type: Survey Meter Contamination Monitor EPD Personal Alarm

Make/Model:

Serial Number:

Calibration Requirements:

If blank, the RPII standard calibration protocol will be used.

Probe Details (where applicable)

Make/Model:

Serial Number:

Payment Details

1. I enclose a cheque/P.O. for €_____. Cheque/P.O. should be crossed and made payable to the Radiological Protection Institute of Ireland

2. Credit card payment: **Card Type** Visa MasterCard

Other (Please specify)

Card holder Name

Credit Card Number

Expiry Date

3. Please invoice me using purchase order number

Signature Date

FOR OFFICIAL USE

RPII Ref. No.