**Request for Calibration Service**

**Client Details**

Name: Date:

Email: Phone:

Company Name:

**Order Number/Authorisation:**

**Billing Address: (Email or postal)**

**Breathalyser Details** Circle for each device sent

**Device Type:**

AlcoQuant 6020 Plus Serial Number:

AlcoQuant 6020 Plus Serial Number:

Alcofind AF-33C Serial Number:

HH1 HH2 E.Check Series5 HH3 Serial Number:

HH1 HH2 E.Check Series5 HH3 Serial Number:

HH1 HH2 E.Check Series5 HH3 Serial Number:

**Comments:**

**Return Courier Address and Delivery Instructions:**

Please fill out the form with all details and send it with your breathalyser to DBS.

**\*\*Address for Service: Two options dependant on courier provider\*\***

**Diagnostic Breathalyser Services**

PO Box 34, TAKAPAU, 4243, Hawkes Bay (with *NZ Post or Courier Post*)

**Or**

C/- Takapau Four Square, 67 Charlotte Street, TAKAPAU, 4203, Hawkes Bay *(with NZ Courier/ other couriers* )

**A picture containing clipart

Description generated with very high confidence**

Diagnostic Breathalyser Services is the services division of Diagnostic Bioserve Ltd

www.dbl.co.nz