



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)

