



Patriot Cal Gas, LLC

www.patriotcalgas.com

sales@afcintl.com

Calibration Request Form

(include this form with your instrument)

Company Name: _____

Contact Name: _____

Phone No. _____ **Email:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Shipping Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Instrument Information:

Manufacture: _____ **Model:** _____

Detector Type: ☐ Single Gas ☐ Multi Gas (4-gas) ☐ PID ☐ Multi Gas (4-gas + PID)

Sampling Type: ☐ Pumped ☐ Diffusion

Sensors: ☐ LEL ☐ O₂ ☐ CO ☐ H₂S ☐ PID

Comments: _____

Ship to:

Patriot Cal Gas, LLC

ATTN: Service

PO Box 27

Wheatfield, IN 46392