

CUSTOMER REQUIREMENTS FORM

(Please complete and Fax to J A King & Company)

Billing Address

Company: _	
Address:	
City:	State: Zip:
Account Pay	able Contact:
A/P Email:	
A/P Phone:	

Shipping Address:

Company:			
Address:			
City:	State:	Zip:	
Service Contact:			
Email:		Phone:	

(This person will receive electronic calibration due notifications)

A. Level of Service (Check the Appropriate Selection)

All calibration services are performed with testing equipment in current calibration and traceable to NIST. Each device serviced shall be accompanied with a certificate of calibration. If you are not sure of your requirements, please let a J A King & Company representative know and we will work to clarify any questions/concerns.

Quality System Requirements:	Certificate of Calibration Preference:
 Level 1: No Certificate Require Note: Any out of tolerance data Level 2: NIST Calibration with Level 3: NIST Calibration with Level 4: ISO 17025 Accredited 	ata will be provided
Is the Service Level selected above	e for all equipment? If not, please comment:
Please list the person at your com	pany to receive electronic notification of "Out of tolerance" conditions found during calibration.
Name:	Email:
B. Calibration intervals:	
	signed an interval of month(s). ntervals/ the assigned interval shall be provided with the initial service.
C. Repair services for devices sub	mitted:
Approval for repair charges is	if the total cost does not exceed% of the replacement cost. required, prior to proceeding with repairs. evaluation a fee will be charged)
D. Subcontracting calibration serv	vices for devices beyond our capabilities:
	ll outsourcing. proved vendors, meeting the requirements of the customer's quality system, requires no prior reports will be provided in original form by issuing body as required.)
E. Processing for Invoicing	
Approval is granted by: 🗌 Purcha	se Order 🔲 Verbal Authorization 🗌 Other:
F. Shipping Preference:	
🗌 Prepay & Add	
UPS Collect Account #	Ground 🗌 Next Day 🗌 2 Day 🗌 3 Day
FedEx Collect (Cannot pre	pay & add on FedEx) Account #

JAKING & COMPANY (CONTINUED)

 G. The calibration procedure used will be in the following order. Cus available, Internal Calibration ICP's to manufacturer specifications, Hat H. Will you be submitting equipment requiring calibration at specific speci	ndbook 44 (when applicable), off	icial GIDEP or DoD procedures
If so, when submitting your tools for calibration you must provide the Who do we contact for additional information regarding these tools?	required set point and tolerance	requirements with the equipment.
	Name	Phone No.
I. New Clients		
Do you currently use a Calibration Management software program? If yes, what is the name of the software?	/es 🗌 No 🗌	
Can you provide us an equipment list on an Excel spreadsheet? Yes Information required on equipment list: Your Equipment ID #, MFG, N		🔲 Date, Cal Interval.
Other requirements:		

Please list the contacts below that need to be set up to access J.A. King's Calibration Management System - GageSuite:

Name	Email	Name	Email	
1.	1.	4.	4.	
2.	2.	5.	5.	
3.	3.	6.	6.	

If additional users are needed please contact your Account Manager at J A King.

Accredited Calibration Standard Test Data Documentation conditions:

In order to clarify the documentation detail, which shall accompany an A2LA accredited calibration, all standard Certificates of Calibration issued shall contain the following information, as a minimum:

- 1) The A2LA logo & accreditation number of applicable lab performing the calibration.
- 2) The information detailed in ISO/IEC 17025 section 5.10.2 & 5.10.4 shall be included as part of the Certificate of Calibration.
- 3) The condition received statement of compliance shall be noted as "In Tolerance", "Out of Tolerance", "Inoperable", etc., based solely upon the "As found" readings versus the manufacturer's published specifications, or the customer's specified accuracy, for the test data reported under the "Shared Risk Principle" with no reduction by the uncertainty of the measurement.
- 4) The uncertainty of the measurements.
- 5) The TUR is based upon the "Expanded Measurement Uncertainty" with a coverage factor of k=2 to approximate the 95% confidence level.
- 6) The calibration due date shall be calculated using the assigned calibration interval that shall be provided by the customer.
- 7) Calibration of scales, unless otherwise specified by the customer, is performed using calibrated test loads found in the table below.

Device Capacity:	Minimum test weight:
0 – 500 lb	100 %
501 – 10,000 lb	500 lbs
Over 10,000 lbs*	20% of capacity

*REQUIRES HEAVY DUTY TEST TRUCK @ ADDITIONAL COST. Customer(s) always have the right to define the loads to be applied, based upon their applications. If different from the stated loads above, all exceptions must be noted in the comment section below.

Comment:

J. Are you in an industry that requires *additional reporting* such as the USDA GIPSA, Packers & Stockyards, or compliance with the ASTM C94 Standard?

If you have any questions or need any additional information regarding this matter, please contact J. A. King & Co. at any time. If the above clarifications and conditions meet your specific quality program requirements, please indicate your acceptance in the space provided below. *These QUALITY SYSTEM REQUIREMENTS WILL REMAIN IN FORCE UNTIL WE ARE NOTIFIED OTHERWISE.* Thank you for your business!

Customer's Name

Accepted as Electronic Signature

Date: _____

Date: _____

Reviewed by (JAK):

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