

## COVER LETTER FOR CALIBRATION

Send the completed cover letter directly to your contact [firstname.lastname@vtt.fi](mailto:firstname.lastname@vtt.fi) or to [kalibroinnit@vtt.fi](mailto:kalibroinnit@vtt.fi).

### Client contact details \* mandatory information

<b>Company name *</b>	
Business ID	
<b>Address of client * (to calibration certificate)</b>	
Address for sending calibration certificate <input type="checkbox"/> Same as client address	
Return address for the device <input type="checkbox"/> Same as client address	
Billing address <input type="checkbox"/> Same as client address	
<b>Order number / reference *</b>	
<b>Name of contact person *</b>	
Phone number	
<b>Email address *</b>	
<b>Contact person at MIKES</b>	
Additional information	

### Method for returning \*:

- Pick up
- Contract of carriage / company / client number:
- MIKES's contract of carriage / mail
- Other:

#### Delivery addresses for calibration:

##### Length, environmental and electrical metrology

VTT MIKES/calibrations (contact person)  
Tekniikantie 1, FI-02150 Espoo, Finland  
(tel. +358 400 841 851)

##### Force, torque and liquid flow calibrations and high capacity weights (>50 kg):

VTT MIKES/calibrations (contact person)  
Tehdaskatu 15, Puristamo 9P19, FI-87100  
Kajaani, Finland (tel. +358 50 443 4213)

In calibration assignments, [VTT's General Terms of Contract](#) will be followed where applicable.

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### Devices to be calibrated

#### Device 1

Device	
----- Manufactured by	
----- Model	
----- Serial number	
----- Number of previous calibration certificate (if available)	
----- Additional information: calibration method, measurement ranges, measurement points, etc.	

#### Device 2

Device	
----- Manufactured by	
----- Model	
----- Serial number	
----- Number of previous calibration certificate (if available)	
----- Additional information: calibration method, measurement ranges, measurement points, etc.	

#### Device 3

Device	
----- Manufactured by	
----- Model	
----- Serial number	
----- Number of previous calibration certificate (if available)	
----- Additional information: calibration method, measurement ranges, measurement points, etc.	

Whenever possible, please provide operating or/and handling instructions of the device to be calibrated.

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### Devices to be calibrated

#### Device 4

Device	
Manufactured by	
Model	
Serial number	
Number of previous calibration certificate (if available)	
Additional information: calibration method, measurement ranges, measurement points, etc.	

#### Device 5

Device	
Manufactured by	
Model	
Serial number	
Number of previous calibration certificate (if available)	
Additional information: calibration method, measurement ranges, measurement points, etc.	

#### Device 6

Device	
Manufactured by	
Model	
Serial number	
Number of previous calibration certificate (if available)	
Additional information: calibration method, measurement ranges, measurement points, etc.	

Whenever possible, please provide operating or/and handling instructions of the device to be calibrated.