CEMS Experts

Continuous Emissions Monitoring · A Division of G. K. Associates, Inc.

SERVICE & REPAIR FORM

Every instrument or item sent for service or repair must include this completed form. Incomplete information may delay processing and return of your equipment.

SECTION 1 — CONTACT INFORMATION

FIRST NAME * _____ LAST NAME * _____

COMPANY NAME _____ JOB TITLE / DEPARTMENT _____

CONTACT PHONE * _____ CONTACT EMAIL * _____

SECTION 2 — SERVICE DETAILS

SERVICE REQUEST TYPE *

☐ Calibration ☐ Repair ☐ Inspection ☐ Maintenance

☐ Certification ☐ Other: _____

DATE SUBMITTED _____

EXPEDITED SERVICE? * ☐ Yes ☐ No

ESTIMATE REQUIRED BEFORE REPAIRS? ☐ Yes ☐ No

INSTRUMENT / EQUIPMENT MODEL(S) _____

SERIAL NUMBER(S) _____

SECTION 3 — ISSUE DESCRIPTION & SPECIAL INSTRUCTIONS

PLEASE DESCRIBE THE ISSUE(S) IN DETAIL, ANY OBSERVED SYMPTOMS, OR SPECIAL HANDLING INSTRUCTIONS: *

SECTION 4 — RETURN SHIPPING PREFERENCE

RETURN PREFERENCE *

☐ Ship to Address Below

☐ Will Call / Pick-Up

PREFERRED SHIPPING CARRIER *

☐ USPS ☐ UPS

☐ FedEx ☐ No Preference

Note carrier(s) that do not deliver to your location: _____

RETURN ADDRESS LINE 1 _____

RETURN ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP CODE _____

SECTION 5 — AUTHORIZATION & SIGNATURE

By signing below, I confirm that the information provided is accurate and complete and authorize the service provider to perform the requested service(s). I understand payment is due in full before equipment is released.

AUTHORIZED SIGNATURE * _____ DATE * _____

PRINTED NAME * _____ TITLE _____

Ship instrument(s) with this completed form to:

5158 Goldman Ave, Suite C Moorpark, CA 93021

Contact Us | Office: (805) 523-8700