



# Qal-Tek Associates

## COPY REQUEST FORM

Please complete form and fax to: **208-524-8470 Attn: Sales Dept.**

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Training Certificate Copy Request

**FEE: \$10.00 ea**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Last 4 Digits of SSN or DOB \_\_\_\_\_

Date/ Course & Location of Course \_\_\_\_\_

### Calibration Certificate Copy Request

**FEE: \$10.00 ea**

Name \_\_\_\_\_ Company \_\_\_\_\_

Account # \_\_\_\_\_ or Facility Location \_\_\_\_\_

Make/Model \_\_\_\_\_ S/N \_\_\_\_\_

PLEASE CHECK ALL THAT YOU ARE REQUESTING

Current Calibration    Current Leak Test    All Calibration Reports    All Leak Test Reports

### **PAYMENT**

Credit Card    Bill Account

Visa    Master Card    Discover    AMEX

Number \_\_\_\_\_

Exp \_\_\_\_\_

Name on Card \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_