

Calibration Service Form

Model*	Serial Number*	Interchangeable Lens* (Note: If yes, please fill the lens type you expect to calibrate.)	Reasons for Calibration*	Date of Last Calibration
		<input type="checkbox"/> Yes : _____ <input type="checkbox"/> No	<input type="checkbox"/> Annual Calibration <input type="checkbox"/> Suspected Inaccuracy <input type="checkbox"/> Other : _____	
		<input type="checkbox"/> Yes : _____ <input type="checkbox"/> No	<input type="checkbox"/> Annual Calibration <input type="checkbox"/> Suspected Inaccuracy <input type="checkbox"/> Other : _____	
		<input type="checkbox"/> Yes : _____ <input type="checkbox"/> No	<input type="checkbox"/> Annual Calibration <input type="checkbox"/> Suspected Inaccuracy <input type="checkbox"/> Other : _____	

Reserved for your distributor. The distributor should fill the following information and provide to a HIKMICRO calibration service center.

Distributor Information	Company Name*		Contact Person*	
	Email*		Phone Number*	
	ZIP code*		Country or Region*	
	State/Province*		City*	
	Address*		Notes	

*By filling into this form, you hereby confirm and undertake that you shall comply with all applicable data protection laws and regulations. You further warrant that you have the right to provide this data, and will agree to this data being collected to this extent and used for purpose of maintenance by HIKMICRO. You also agree to the cross-border transfer of the relevant personal data to China in accordance with applicable data protection laws and regulations.