ALCO PREVENTION CANADA

alcoprevention.com 1 888 863-8660

Calibration Form or form for defective device

Client (shipping address / return)

Name:_____ Enterprise name:_____

Street: _____

City: _____ Postal code: _____

Telephone: ( ) _____

E-mail address: _____

Point of purchase:_____

Date of purchase: _____

Last calibration (date): _____Does the device give good results? Yes ____ No ____

Instructions
Include payment only if you require a calibration

1. Include this completed form.
2. Send only your device, WITHOUT ANY ACCESSORIES.
3. Include a check of $54.94 (or choose the option of payment by credit card) for the calibration of all our models EXCEPT DRIVESAFE models. DRIVESAFE models are sent to the manufacturer and the calibration cost is higher. **An agent will inform you when we will receive your device.**
4. **BACtrack C6, C8 and Mobile models are not calibrated at our offices. Refer to bactrack.com website.**
5. Send the device to the following address: Alco Prevention Canada
   4800 Autoroute 440 Ouest, Suite 3
   Laval (Québec) H7T 2Z8
6. **Your device will be verified within approximately 14 days. For DRIVESAFE devices, schedule a minimum delay of 3 weeks.**

Payment by credit card

Payment: Credit card____ Visa ____ Master Card ____
Check ____

Credit Card Number: _____ CVV (3 digits): _____ Expiration Date: _____

Name on the credit card: _____

Signature: _____

(Include credit card billing address if different from the shipping address / return)

_____

_____

Reserved to the office

Calibration date: _____

Technician: _____

Payment received:_____