

### 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 \$45.94 (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](http://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: \_\_\_\_\_