

Turbine meter testing service request (non-Canadian customers)




Company name		Address		Date (Yr/Mth/Day)
Main contact name		Telephone number	E-mail address	
Shipping contact name (<input type="checkbox"/> check if same as main contact)		Telephone number	E-mail address	
Billing address	City	State/country	Zip code	
Ship from address (<input type="checkbox"/> check if same as billing address)	City	State/country	Zip code	
Ship to address when meters completed (<input type="checkbox"/> check if same as billing address)	City	State/country	Zip code	
Company name and address to appear on Calibration Certificate		City	State/country	Zip code

Meter specifications Service/test conditions (check all that apply)

Meter badge number (<input type="checkbox"/> check if same as serial number)	Serial number	Type	Pressure or Flow Rates %				
Meter make, model, & size		<input type="checkbox"/> 10 Point High Pressure (Reynolds Number)	<input type="checkbox"/> Pressure (test at maximum pressure) OR <input type="checkbox"/> Flow (test at maximum flow)				
Number of meters (for multiple meters/types use additional quote form)		<input type="checkbox"/> 8 Point High Pressure (Reynolds Number)	<input type="checkbox"/> Pressure (test at maximum pressure) OR <input type="checkbox"/> Flow (test at maximum flow)				
Meter run provided with meter <input type="checkbox"/> No <input type="checkbox"/> Yes (provide sketch)		<input type="checkbox"/> 5 Point High Pressure (Reynolds Number standard)	<input type="checkbox"/> Pressure (test at maximum pressure) OR <input type="checkbox"/> Flow (test at maximum flow)				

In-test (additional cost) A test completed prior to repair and calibration to establish the performance of the meter in its current condition. (Note: no "x" indicates not required) <input type="checkbox"/> Yes, 3 points at 5%, 30%, 50% <input type="checkbox"/> Yes, 3 points at 20%, 50%, 70% <input type="checkbox"/> Yes, provide points: _____ Type of in-test required <input type="checkbox"/> Atmospheric in-test <input type="checkbox"/> High Pressure in-test	<input type="checkbox"/> 5 Point High Pressure (Reynolds Number Standard) at 2 Pressures	Pressure 1		Pressure 2		
	<input type="checkbox"/> 5 Point High Pressure (Reynolds Number standard)	10%	20%	50%	75%	95%
	<input type="checkbox"/> Other (specify): _____					
	Field operating conditions	Units		Max.	Min.	
Flow	<input type="checkbox"/>	<input type="checkbox"/>				
Pressure	PSIG	kPa				
Temperature	°F	°C				

Paint meters (grey only)	Pressure		PSIG	kPa	
<input type="checkbox"/> No <input type="checkbox"/> Yes (no additional cost)	Temperature		°F	°C	

Meter type			Gas composition			Mole %		
<input type="checkbox"/> 302 assembly only (not best Measurement practice, extra cost will apply)	<input type="checkbox"/> 502 module only	<input type="checkbox"/> Complete meter - module & body	Methane (CH ₄)			If natural gas composition is not given, a NG composition at a molecular weight of 16.77 will be used to derive missing properties.		
			Ethane (C ₂ H ₆)					
			Propane (C ₃ H ₈)					
			Butane (C ₄ H ₁₀)					
			Carbon Dioxide (CO ₂)					
			Nitrogen (N ₂)					
			Other fluid (provide name): _____					

Repair details (All quotations will be returned by e-mail)

All quotations, invoices and certificates will be returned by email.

<input type="checkbox"/> New meter, no repairs required	Turnaround	Required date (Yr/Mth/Day)	If applicable, add any details regarding repairs (use separate sheet if needed):
<input type="checkbox"/> In service meter, repairs required	<input type="checkbox"/> 4 - 6 weeks		
<input type="checkbox"/> In service meter, no repairs required (explain below)	<input type="checkbox"/> 5 days (additional cost)		

Shipping requirements

All pick-up and delivery of meters will be coordinated by FortisBC. Freight, parts and customs fees are additional. Date meter will be ready for pickup by carrier (Yr/Mth/Day)

The following information is required by Customs.

Type of container used <input type="checkbox"/> Crate <input type="checkbox"/> Cardboard box <input type="checkbox"/> Banded to pallet <input type="checkbox"/> Other, specify: _____	Quantity of boxes on pallet	Shipment type <input type="checkbox"/> Complete meter (body plus module) <input type="checkbox"/> Module only
	Quantity of pallets	Country of origin (where meter manufactured) Total weight of shipment (lbs)

Fair market value (if meter were sold, at what cost) provide cost for each meter, not total \$ _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD	IRS number (Internal Revenue Service tax number)
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To submit your request, or if you have any questions, please contact: **FortisBC Measurement** Toll Free: 1-800-667-4338 Web: fortisbc.com/measurement E-mail: measurement@fortisbc.com