

**Antenna Calibration Request Form**

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| ***Please fill in the required information***  |
|  |
| ***Contact Details***  |  |
| Name:  |  |
| Company:  |  |
| Email: |  |
| Telephone:  |  |
| Address:  |  |
| ***Calibration Type*** *(Please Tick ✓ or Cross X required)* |
| UKAS |  |  | STANDARD |  |  |
| ***Specification Details*** *(Please Tick ✓ or Cross X required)* |
| **CISPR 16-1-6 (55016-1-6*)*** *(UKAS includes return loss & Balun test up to 300MHz)* |  |  |
| **SAE ARP 958***(UKAS includes return loss & Balun test up to 300MHz)* |  |  |
| **DEF STAN 59/411***(UKAS includes return loss & Balun test up to 300MHz)* |  |  |
| ***Antenna Details***  |
| **Antenna Type:**  | Please specify or select below with a tick ✓ or cross X |
| *Biconical* |  | *Log Periodic* |  | *Horn* |  | *Biconical Log Hybrid* |  |
| **Manufacturer:** |  |
| **Model Number:** |  |
| **Serial Number:** |  |
| ***Additional Requirements***  |
| *i.e. to be calibrated with 6dB attenuator attached to antenna*  |