

# RECALIBRATION REQUEST FORM

**Please return this page with your breathalyser. (We happily send to PO Boxes)**

Name: \_\_\_\_\_ Date : \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_








Contact Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I would like the following breathalyser recalibrated: (please circle your choice)**

 Platinum \$49.50	 BACtrack \$49.50	 Enforcer 2 & 3 \$49.50	 Defender \$49.50	 Vivid \$49.50	 RBT Mini \$49.50	 Stryker \$49.50	 Protector \$85	 Calibration Certificate \$22
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**I would like to order replacement mouthpieces or a replacement sensor:  
(please circle your choice)**

 <b>Enforcer Sensor</b> <b>RED</b> \$49.50	 <b>Enforcer Sensor</b> <b>GREEN</b> \$49.50	 <b>Platinum Sensor</b> \$49.50	 <b>Standard Mouthpieces</b> <i>to suit Enforcer, Protector, Stryker, Vivid, AlcoTrack and Platinum models only.</i> <input type="checkbox"/> 10 Pack \$6.95 <input type="checkbox"/> 25 Pack \$15.95 <input type="checkbox"/> 50 Pack \$30 <input type="checkbox"/> 250 Pack \$145 <input type="checkbox"/> 500 Pack \$275 (Please Select)	 <b>Defender Mouthpieces</b> <i>to suit Defender model only.</i> <input type="checkbox"/> 10 Pack \$7.95 <input type="checkbox"/> 25 Pack \$22.95 <input type="checkbox"/> 50 Pack \$42.95 <input type="checkbox"/> 250 Pack \$195 (Please Select) If you require the <u>filtered</u> version to reduce 'flow' errors please select quantity above and select below <input type="checkbox"/> <b>FILTERED</b>	 <b>RBT Mini Mouthpieces</b> <i>to suit RBT Mini model only.</i> <input type="checkbox"/> 10 Pack \$9.95 <input type="checkbox"/> 25 Pack \$18.95 <input type="checkbox"/> 50 Pack \$27.95 (Please Select)
	 <b>Zip-up Protective Case (Blue)</b> \$14.95	 <b>Zip-up Protective Case (Red)</b> \$14.95			

**I wish to pay via the following method: Credit Card    PAYPAL    Money Order (please circle)**

**You may pay with credit card online via PAYPAL on our 'SERVICING' page at:  
[www.alcolimit.com.au/servicing](http://www.alcolimit.com.au/servicing) . Include your payment receipt with your breathalyser.**

**OR** fill out your credit card details below and post with your breathalyser.  
(alternatively, phone **1300 667 661** to provide your credit card details over the phone)

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**Card Number:**

**Expiry Date:**

□□□

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**CCV:**

**Name On Card:**

**Cardholder Signature:**

**Please Circle:    Visa                      MasterCard                      sorry AMEX is not accepted**