

KSU Radon Chamber Application for Ecosense Radon Eye Pro Calibration Service

A completed application form must accompany each Radon Eye Pro calibration request.
Applications that are incomplete or contain illegible information will not be accepted.
Please refer to instructions before completing this form.

Please Print or Type

1. Only Ecosense Radon Eye Pro devices will be accepted for calibration services.
If your device does not match the manufacturer, model, or device code listed below, please contact us.

CR = Continuous Radon Monitor

Manufacturer : FTLab

Model: Radon Eye RD200P

NRPP Device Code: CR-8306

48 hour sampling time

2. Name: Title _____ First _____ MI _____ Last _____
(Mr., Ms., Mrs., Dr., etc.)

NRPP Certification # (if known): _____

3. Company Name: _____

4. Mailing Address:

Street _____ P.O. Box/RFD _____

City _____ State ___ Zip ___

5. Shipping Address: (if same as mailing address then enter "SAME")

Street _____ P.O. Box/RFD _____

City _____ State ___ Zip _____

6. Telephone:(_____) - _____ Fax: _____

E-mail: _____

7. Signature _____ Date _____

8. Payment: Made online by credit card _