

Flow Meter Testing Service Request



Company Name	Phone	Address		
Contact Name	Fax	City		
Title	E-Mail	Province/Sate	Postal Code/Zip Code	

Meter owner's name and address (if different than above)	Country
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SERVICE / TEST CONDITIONS	
TYPE	PRESSURE OR FLOW RATES
<input type="radio"/> 10 Point (Reynolds Number)	<input type="radio"/> Pressure (Test at maximum pressure) <input type="radio"/> Flow (Test at maximum flow)
<input type="radio"/> 5 Point (Reynolds Number Standard)	<input type="radio"/> Pressure (Test at maximum pressure) <input type="radio"/> Flow (Test at maximum flow)
<input type="radio"/> 2 Point (Atmospheric)	N/A 20% N/A N/A 95%
<input type="radio"/> Other (specify)	

METER SPECIFICATIONS	
Meter Badge Number	Meter make, model & size
Number of meters (for multiple meters/types, please use additional quote form)	Meter serial number

Measurement Canada Approval Number (required for custody transfer in Canada)	FIELD OPERATING CONDITIONS	UNITS		MAX.	MIN.
Flow range	Meter runs provided with meter <input type="radio"/> No <input type="radio"/> Yes (provide sketch)	<input type="radio"/>	<input type="radio"/>		
		Flow	ACFH m ³ /hr		
		Pressure	PSIG kPa		
		Temperature	°F °C		

TEST REQUIREMENTS / TYPE	GAS COMPOSITION	MOLE %
Type of test required <input type="radio"/> Mechanical <input type="radio"/> Electronic <input type="radio"/> High Frequency <input type="radio"/> Atmospheric <input type="radio"/> High Pressure <input type="radio"/> Both	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.
Intest <input type="radio"/> Yes <input type="radio"/> No	Ethane (C ₂ H ₆)	
ORDER/REPAIR REQUIREMENTS	Propane (C ₃ H ₈)	
Seal Meters <input type="radio"/> Atmospheric <input type="radio"/> High Pressure <input type="radio"/> None	Butane (C ₄ H ₁₀)	
Paint Meters <input type="radio"/> Yes <input type="radio"/> No	Carbon Dioxide (CO ₂)	
	Nitrogen (N ₂)	
	Other fluid (provide name)	

Repair Details (please use separate sheet if needed)

Additional Information (please use separate sheet if needed)

Quotations will be returned by email or fax (indicate your preference) <input type="radio"/> Email <input type="radio"/> Fax	Turnaround <input type="radio"/> 4 weeks <input type="radio"/> 5 days (additional cost)	Required Date (Yr/Mth/Day)
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SHIPPING REQUIREMENTS	
Preferred Shipping Company (name/phone number)	Carrier Account Number (if applicable)

To submit your request or if you have any questions, please contact:

Terasen Measurement
 Toll Free 1-800-667-4338 Web www.terasenmeasurement.com
 Direct 250-490-2613 E-Mail measurement@terasengas.com
 Fax 250-490-8714