



COMMISSIONER SID MILLER

Texas Department of Agriculture

Appointment Request, Acknowledgement of Requirements and Authorization of Calibration Methods

Please refer to "Instructions for Form RMT-001" before completing this form. To ensure accuracy, a typewritten submission is preferred.

SECTION A	1 COMPANY INFORMATION (CALIBRATION CERTIFICATE WILL REFLECT THIS NAME)		TDA USE ONLY	
	Company Name:		Date:	
	Is this company a licensed service company as defined in Ag. Code §13.451	Yes <input type="checkbox"/> No <input type="checkbox"/>	Time:	
	Will this equipment be used for legal-for-trade purposes? Commercial transactions as defined by Ag. Code §13.1001(b)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If NOT used for commercial transactions, calibration interval/due date will NOT be indicated on certificate <u>unless</u> requested by customer. <u>If you require a calibration due date</u> , enter in this box ▶			
Date appointment needed by:---▶ (All requests will be taken into consideration depending on availability)		Notification Date: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		

SECTION B	PERSON TO CONTACT FOR APPOINTMENT RELATED MATTERS		PERSON TO CONTACT FOR TECHNICAL RELATED MATTERS	
	Name:		Name:	
	Phone:		Phone:	
	Email:		Email:	
	COMPANY MAILING ADDRESS			
	Company Address:			
	City, State, Zip:			
	Phone:			
	Company Email:			
	Important Note I understand that if I provide my email address the Texas Department of Agriculture may, from time to time, send electronic communications to me that will keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. If I fail to provide an email address I understand that I may not receive time-sensitive or important communications that could affect my license or compliance with state regulations, and risk the imposition of monetary penalties.			
	COMPANY PHYSICAL / SHIPPING ADDRESS		COMPANY INVOICE ADDRESS - WHERE CERTIFICATE WILL BE MAILED	
	<input type="checkbox"/> Please Check if Same As Mailing Address Above		<input type="checkbox"/> Please Check if Same As Mailing Address Above	
Company Address		Company Name (if different than shown in company mailing address):		
City, State Zip:		Company Address:		
		Phone:		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

NOTE: Review Handbook 105 for definitions on different calibration classes.

1 INVENTORY INFORMATION – List Equipment Previously Certified by TDA						
See: NIST Handbook 105 Series at https://www.nist.gov/pml/weights-and-measures/nist-handbooks						
NOTE: Classification specification requirements will be enforced & calibration intervals assigned accordingly unless special authorization is obtained.						
NOMINAL (weight/measure)	Qty	Calibration Class (Mass Customers Only) <small>(Please enter weight classification for tolerance application, i.e. NIST Class F / ASTM / OIML®)</small>		NOMINAL (weight/measure)	Qty	Calibration Class (Mass Customers Only) <small>(Please enter weight classification for tolerance application, i.e. NIST Class F / ASTM / OIML®)</small>
Is/are item(s) being submitted a LPG prover? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are the 5 gallon provers mounted? Yes <input type="checkbox"/> No <input type="checkbox"/>						
*Are artifacts grain elevator weights? Yes <input type="checkbox"/> No <input type="checkbox"/>						
2 INVENTORY INFORMATION – List Equipment <u>Not</u> Previously Certified by TDA						
NOMINAL (weight/measure)	Qty	Calibration Class (Mass Customers Only) <small>(Please enter weight classification for tolerance application, i.e. NIST Class F / ASTM / OIML®)</small>		NOMINAL (weight/measure)	Qty	Calibration Class (Mass Customers Only) <small>(Please enter weight classification for tolerance application, i.e. NIST Class F / ASTM / OIML®)</small>
NOTE: Equipment not listed on this form will not be calibrated at the time of appointment unless prior arrangements have been made.						

CALIBRATION AUTHORIZATION		TOXIC & HAZARDOUS SUBSTANCES ARE AS DEFINED IN OSHA REGS, 1910.1200 See: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1200 for more info
SECTION D	1 SAFETY INFORMATION	
	Items have been exposed to toxic, hazardous, or otherwise harmful materials, including fuel:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Items have been properly cleaned and/or treated so that they are now safe for human handling:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E	1 SPECIAL INSTRUCTIONS (Include any methods or services not under our scope &/or not listed on our fee schedule. Attach additional pages if necessary.)	

SECTION F	1 SHIPPING INFORMATION	
	Will item(s) be shipped in for calibration? If Yes, ensure item(s) arrive at least one day prior to appointment and please include a return shipping label and/or bill of lading, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION G	1 MODIFICATION INFORMATION	
	Has have any submitted item(s) been repaired, modified or altered in any way? If Yes, please fill out table below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	NOTE: List all modifications, repairs or alterations performed since the last calibration was completed by the TDA Metrology Laboratory.	
	Serial Number of Item	Description of Repair, Modification or Alteration
If more space is needed, please attach a separate sheet describing all applicable repairs, modifications and alterations.		
WEIGHT CART MAINTENANCE LOGS MUST BE COMPLETED AND ACCOMPANY THE CART UPON SUBMISSION See: http://www.texasagriculture.gov/Portals/0/Files/ACP/Weights/Metrology/4_WeightCartLetter.pdf for more information		

SECTION H	SIGNATURE FOR APPOINTMENT, ACKNOWLEDGMENT OF REQUIREMENTS & CALIBRATION AUTHORIZATION	
	I attest that I am an authorized employee representing the company identified in Section A, that the information entered into this Appointment Request, Acknowledgment of Requirements & Calibration Authorization form is true and correct to the best of my knowledge and acknowledge that this information is subject to verification by Texas Department of Agriculture. I also acknowledge that my company must meet specific requirements, including approval and authorization of the methods (SOPs) proposed to be used by the lab. See lab website sections: "Mass/Volume Requirement Letters," "Fees & Payment Options," "Announcement Notices and Important Information for Customers" for more detailed information. ¶	
	Name (Print):	Title:
	Signature:	
	Phone Number:	Date:
¶ Please note that an incomplete form may result in processing delays.		

Upon Completion of service, an invoice will be presented or mailed, and payment is due upon receipt. Payment may be made by check or money order only.

Submit payment to: Texas Department of Agriculture, PO Box 1518, Giddings, Texas 78942
Fax: (888) 205-7741 • Email: Metrology@TexasAgriculture.gov