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[www.TexasAgriculture.gov](http://www.TexasAgriculture.gov)

COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
**Calibration Appointment Request**

**RMT-001**

(Please refer to "Instructions for Form RMT-001" before completing this form.)

<b>SECTION A</b>	<b><sup>1</sup> COMPANY INFORMATION</b>		<b>TDA USE ONLY</b>	
	Company Name: _____		<b>Date:</b>	
	<input type="checkbox"/> Company Information has changed (Complete and Submit Regulatory Change Template A (R-001))	Licensed Service Co.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Time:</b>	
Appointment needed by _____ (All requests will be taken into consideration depending on availability)		<b>Notification Date:</b>		
		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		

<b>SECTION B</b>	<b><sup>1</sup> PERSON TO CONTACT FOR APPOINTMENT RELATED MATTERS</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name:	M. I.	Last Name:
	<input type="checkbox"/> Ms. <input type="checkbox"/> ____			
	Title: (If applicable)		Phone: (    )    -    Ext.	
	Secondary Phone: (optional) (    )    -    Ext.		Fax: (    )    -    Ext.	
	Email Address:			
	<b><sup>2</sup> PERSON TO CONTACT FOR TECHNICALLY RELATED MATTERS</b>			
	<input type="checkbox"/> Same as contact listed in B <sup>1</sup> (please check and put NA in blanks below if applicable)			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name:	M. I.	Last Name:
	<input type="checkbox"/> Ms. <input type="checkbox"/> ____			
	Title: (If applicable)		Phone: (    )    -    Ext.	
	Email Address:			
	***Important Note*** I understand that my email address is required for the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby, resulting in monetary penalties.			
	<b><sup>3</sup> MAILING ADDRESS</b>			
	Address:			
City:	State:	Zip:		
<b><sup>4</sup> PHYSICAL/SHIPPING ADDRESS</b>				
<input type="checkbox"/> Same as mailing address above (please check and put NA in blanks below if applicable)				
Address:				
City:	State:	Zip:		
<b><sup>5</sup> INVOICE ADDRESS</b>				
<input type="checkbox"/> Same as mailing address as shown above (please check and put NA in blanks below if applicable)				
Company Name:		Address:		
City:	State:	Zip:		

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.

SECTION C	<b><sup>1</sup> INVENTORY INFORMATION – List Equipment Previously Certified by TDA</b>					
	See: NIST Handbook 105 Series at <a href="https://www.nist.gov/pml/weights-and-measures/nist-handbooks">https://www.nist.gov/pml/weights-and-measures/nist-handbooks</a>					
	<b>NOTE:</b> Classification specification requirements will be enforced & calibration intervals assigned accordingly unless special authorization is obtained					
	<b>NOMINAL</b> <small>(weight/measure)</small>	<b>Qty.</b>	<b>Calibration Class</b> <small>(weights only)</small>	<b>NOMINAL</b> <small>(weight/measure)</small>	<b>Qty.</b>	<b>Calibration Class</b> <small>(weights only)</small>
<b>Is artifact(s) being submitted an LPG prover?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b><sup>2</sup> INVENTORY INFORMATION – List Equipment Not Previously Certified by TDA</b>						
<b>NOMINAL</b> <small>(weight/measure)</small>	<b>Qty.</b>	<b>Calibration Class</b> <small>(weights only)</small>	<b>NOMINAL</b> <small>(weight/measure)</small>	<b>Qty.</b>	<b>Calibration Class</b> <small>(weights only)</small>	
<b>NOTE:</b> Equipment not listed on this form will not be calibrated at the time of appointment unless prior arrangements have been made.						

SECTION D	<b><sup>1</sup> SIGNATURE FOR APPLICATION (REQUIRED)</b>	
	I certify that the information entered into this appointment contract is true and correct to the best of my knowledge and is subject to verification by TDA.	
	Applicant Name (print-do not place the Company name here)	Date     /     / month   day   year
Applicant Signature		



<b>SECTION I</b>	<b><sup>1</sup> SIGNATURE FOR AUTHORIZATION (REQUIRED)</b>	
	I attest that the information entered into this Calibration Authorization Form is true and correct to the best of my knowledge and is subject to verification by TDA.	
	<b>Name (Print):</b>	<b>Title:</b>
	<b>Signature:</b>	
	<b>Phone Number:</b>	<b>Date:</b>
<b>Please note that an incomplete contract may result in processing delays</b>		

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

Submit to: Texas Department of Agriculture, PO Box 1518, Giddings, Texas 78942

**Fax: (888) 205-7741 · Email: [Metrology@TexasAgriculture.gov](mailto:Metrology@TexasAgriculture.gov)**