

**INSTRUCTIONS FOR  
CALIBRATION APPOINTMENT REQUEST FORM  
FORM NO. RMT-001**

In order to obtain a calibration appointment, submit a completed and signed request to the Texas Department of Agriculture (TDA) Metrology Laboratory. You will be notified of the date and time of the appointment via letter that will be sent to the company appearing under Section A of this request.

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**Incomplete forms will be returned, delaying your calibration appointment.**

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**Submit request to:**

Mail: Texas Department of Agriculture, P.O. Box 1518, Giddings, Texas 78942  
Email: Metrology@TexasAgriculture.gov  
Fax: (888) 205-7741

**NOTE: A separate form should be submitted for each appointment needed.**

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**SECTION A**

**1. COMPANY INFORMATION**

This information will be used to generate your company's appointment.

- If there is a change in any company information, please check the box indicated and complete a Regulatory Change Template A Form (R-001). This form can be accessed online at [www.TexasAgriculture.gov](http://www.TexasAgriculture.gov)
  - Enter the full legal business name.
  - If your company is a TDA Licensed Service Company, please provide the license number.
  - Enter date by which the appointment is needed.
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**SECTION B**

**NOTE: All spaces provided in Section B must be completed unless otherwise marked "if applicable."**

**1. PERSON TO CONTACT FOR APPOINTMENT RELATED MATTERS**

Indicate name of the person to contact regarding appointment related matters. Enter contact information. All correspondence, certifications, and other documents will be sent to the person listed as the contact for appointment related matters.

**2. MAILING ADDRESS**

Enter the address at which the person to contact receives general correspondence.

**3. PHYSICAL/SHIPPING ADDRESS**

If the physical/shipping address is the same as in section B-2 check the box that indicates same as mailing address above. If address is different than the mailing address enter the physical/shipping address for the company named in Section A in the space provided.

**2. INVOICE ADDRESS**

If the invoice address is the same as in section B-2 check the box that indicates same as mailing address above. If company name or address is different than the mailing address enter the invoice address in the space provided.

**NOTE: The Person to Contact, named by the company in Section B of this form, is the preferred signatory of this application.**

**SECTION C**

**NOTE:** *Equipment not listed on the form will not be calibrated at the time appointment unless prior arrangements are made with our office.*

**1. INVENTORY INFORMATION – List Equipment Previously Certified by TDA**

Please list all equipment that **has** been previously certified by TDA for which your company is requesting calibration.

**2. INVENTORY INFORMATION –List Equipment Not Previously Certified by TDA**

Please indicate all equipment that **has not** been previously certified by TDA for which your company is requesting calibrations.

**Example:**

Each row can only be one specific nominal.

<b>NOMINAL</b> <small>(weight/measure)</small>	<b>Qty.</b>	<b>Calibration Class</b> <small>(weights only)</small>
50 lb	10	F

**The above example indicates the company is scheduling 10 – 50 lb. weights calibrated to class F.**

**NOTE:** **If additional inventory space is needed use RMT-001A Calibration Appointment Request – Schedule A.**

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**SECTION D**

**1. SIGNATURE**

Print and sign your name, and date the form. Your signature here indicates that you have read the request and you certify that the information entered into this appointment request is true and correct to the best of your knowledge and is subject to verification by TDA.