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◆ (800) 835-5832 ◆ Fax (512)463-7476 ◆
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www.TexasAgriculture.gov

RMT-001

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 ☐ No ☐	**Time:**
Will this equipment be used for legal-for-trade purposes? Commercial transactions as defined by Ag. Code §13.1001(b)	Yes ☐ No ☐	
If NOT used for commercial transactions, calibration interval/due date will NOT be indicated on certificate unless requested by customer. If you require a calibration due date, enter in this box ▶		
Date appointment needed by: ---▶ (All requests will be taken into consideration depending on availability)		**Notification Date:** ☐ Mail ☐ Fax ☐ Email

SECTION B

PERSON TO CONTACT FOR *SCHEDULING* RELATED MATTERS	PERSON TO CONTACT FOR *TECHNICAL* RELATED MATTERS ☐ CHECK IF SAME
Name:	Name:
Phone:	Phone:
Email:	Email:

COMPANY MAILING ADDRESS (Address of Company Listed in Section A)
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
☐ Please Check if Same As Mailing Address Above	☐ Please Check if Same As Mailing Address Above
Company Address	Email for Invoice:
City, State Zip:	Company Name & Address (if mailed copy is preferred):

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.)

SECTION C

MASS CALIBRATION INVENTORY INFORMATION

Review Handbook **105-1**, **OIML R-111** and **ASTM E617** for definitions on different calibration classes.
NOTE: Classification specification requirements will be enforced & calibration intervals assigned accordingly unless special authorization is obtained.

NOMINAL (weight)	Qty	Calibration Class (Please enter weight classification for tolerance application, i.e. NIST Class F / ASTM / OIML*)	Check if NOT been previously certified by TDA	NOMINAL (weight)	Qty	Calibration Class (Please enter weight classification for tolerance application, i.e. NIST Class F / ASTM / OIML*)	Check if NOT been previously certified by TDA
Total quantity of Weight Kits→			☐				☐
			☐				☐
			☐				☐
			☐				☐
			☐				☐
			☐				☐

***Are artifacts grain elevator weights?** Yes ☐ No ☐

***How many of the weight kits have small kits inside being submitted for calibration? _____ (numerical answer)**

VOLUME TRANSFER CALIBRATION INVENTORY INFORMATION

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 Prover Size	Qty.	Check if provers are mounted on trailer	Check if NOT been previously certified by TDA	NOMINAL Prover Size	Qty.	Check if provers are mounted on trailer	Check if NOT been previously certified by TDA
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Of the 5 gallon artifacts listed above:

How many are 5 gallon handheld test measures? _____
How many are "Special J" 5 gallon provers (bottom drains)?_____

Is/are item(s) being submitted a LPG prover? Yes ☐ No ☐

***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:	☐ Yes ☐ No
Items have been properly cleaned and/or treated so that they are now safe for human handling:	☐ Yes ☐ 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 *You will be contacted to schedule pickup upon completion of calibration*

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.	☐ Yes ☐ 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.	☐ Yes ☐ 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:**

Email completed form to **metrology@TexasAgriculture.gov** **Please note that an incomplete form may result in processing delays.**

Upon Completion of service, an invoice will be emailed and payment is due upon receipt.
Payment may be made online at **https://tap.texasagriculture.gov/quickpay** with credit card or e-check or mailed in with check or money order only. Mail to: Texas Department of Agriculture, PO Box 1518, Giddings, Texas 78942