

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

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.

Incomplete forms will be returned, delaying your calibration appointment.

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.

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
 - Enter the full legal business name.
 - Enter date by which the appointment is needed.
 - Please indicate if your company is licensed service company and if the equipment will be used on a legal for trade device.
 - If the answer is no to those two questions, there will be no due date on certificate unless requested in this section, in accordance with the international standard, ISO/IEC 17025.
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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. PERSON TO CONTACT FOR TECHNICAL RELATED MATTERS

Indicate name of the person to contact regarding technical related matters. Enter contact information. All technical questions will be sent to the person listed as the contact for technical related matters.

3. MAILING ADDRESS

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

4. 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.

5. 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 for Appointment Related Matters, named by the company in Section B of this form, is the preferred signatory in Section D of this application.

NOTE: The Person to Contact for Technical Related Matters, named by the company in Section B of this form, is the preferred signatory in Section I 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.

NOMINAL (weight/measure)	Qty.	Calibration Class (weights only)
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. \

Please indicate if item is an LPG so that an appropriate amount of time can be scheduled.

SECTION D

1. SAFETY INFORMATION

Indicate if items being submitted for calibration have been exposed to harmful materials. Indicate if the items being submitted for calibration have been properly cleaned and are safe for human handling.

SECTION E

1. SPECIAL INSTRUCTIONS

List any special instructions regarding your items submitted for calibration.

SECTION F

1. SHIPPING INFORMATION

Indicate if the items being submitted for calibration will be shipped in. If yes, ensure that artifacts arrive prior to calibration appointment. Include a return shipping label with shipment.

SECTION G

1. MODIFICATION INFORMATION

In the table, list the serial numbers and a detailed description of any items being submitted for calibration that have been repaired, modified or altered in any way. Be as descriptive as possible.

NOTE: If additional space is needed, please attach a sheet with the information.

SECTION H

1. SIGNATURE

Print and sign your name. Enter your title, phone number and date the form. Your signature here indicates that you read the request and attest the information entered into this calibration authorization form is true and correct to the best of your knowledge and is subject to verification by TDA.