

Shipping Information

Florida Department of Agriculture and Consumer Services Division of Consumer Services, Bureau of Standards

METROLOGY CALIBRATION REQUEST

Section 531.415, Florida Statutes Rule 5J-22.005, Florida Administrative Code

Florida Metrology Laboratory 3125 Conner Blvd Lab 2, Tallahassee, FL 32399 Phone: (850) 921-1580 Fax: (850) 921-1593

For calibration services send completed request form with items submitted.

No client of the Florida Metrology Laboratory may claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the U.S. Government. See 15 C.F.R. § 285.3 and NIST Handbook 150-2016 for additional information.

Billing Information (if different)

Company Name						
Address						
Address						-
City, State & ZIP						
Phone						_
Email						_
Tech. Contact/Title						
Phone					☐ Purchase Order #	
	Artifact Owner (if different from above)			ve)	Shipping Method and Instructions	
Company Name						
Address						
Address _						-
-						_
City, State & ZIP						_
Phone						
			Official I	llea Only		
Date Received: /	' /		Official	OSC OIII)	Comments:	
Customer Repea	at □ New	Review needed?	□ yes	□ no		
			_	_	Time required	
	Standa	arde	Rev	/iew		
Mana Warking		SOP:	0 □		_ Laboratory does not have appropriate standards or	
Mass Working Mass Primary		50P:	8 □ 4 □	5 🗆	methods to meet customer requirements □	
Volume		SOP:	19 🗆	21 🗆	Date Completed / /	
			14 □			
Tolerance applied NIST 105-	ASTM E617	OIML R	₹111		Laboratory Pick up by: Date / / /	
Fees Relayed to Customer:					_	
Technical Manager Signature						

Please provide the following information for EACH individual item submitted:

Test Kits:

Loose Weights:

Test Measures and Provers:

Serial number Number of pieces Material

Manufacturer Tolerance class Density (if known) ALSO LIST EACH WEIGHT by Nominal value AND

List **EACH** weight by Serial Number **OR** Nominal value and unique identifier Material

Manufacturer Tolerance class Density (if known) List EACH artifact by Serial number Nominal value Material Manufacturer

unique identifier (in the Serial Number Column)							
LIMS ID Lab use only	Serial Number OR Nominal & Unique ID	Informatio	on				
I certify that the information entered into this form is true and correct to the best of my knowledge.							
Customer Name(print) Date							
Customer Signature							

 $^{{}^{\}displaystyle f *}$ Page 2 can be submitted multiple times if additional lines are needed.