



NICOLE "NIKKI" FRIED
COMMISSIONER

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.

Shipping Information

Billing Information (if different)

Company Name	_____	_____
Address	_____	_____
	_____	_____
City, State & ZIP	_____	_____
Phone	_____	_____
Email	_____	_____
Tech. Contact/Title	_____	
Phone	_____	<input type="checkbox"/> Purchase Order # _____

Artifact Owner (if different from above)

Shipping Method and Instructions

Company Name	_____	_____
Address	_____	_____
	_____	_____
City, State & ZIP	_____	_____
Phone	_____	_____

Official Use Only			
Date Received: / /		Comments: _____	
Customer <input type="checkbox"/> Repeat <input type="checkbox"/> New	Review needed? <input type="checkbox"/> yes <input type="checkbox"/> no	Time required _____	
Review			
Standards		Laboratory does not have appropriate standards or methods to meet customer requirements <input type="checkbox"/>	
Mass Working <input type="checkbox"/>	SOP: 8 <input type="checkbox"/>	Date Completed _____ / _____ / _____	
Mass Primary <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>	Laboratory Pick up by: _____	
Volume <input type="checkbox"/>	SOP: 19 <input type="checkbox"/> 21 <input type="checkbox"/>	Date _____ / _____ / _____	
	14 <input type="checkbox"/>		
Tolerance applied			
NIST 105- _____	ASTM E617 _____	OIML R111 _____	
Fees Relayed to Customer: _____			
Technical Manager Signature _____			

Please provide the following information for EACH individual item submitted:

Test Kits:

Serial number
 Number of pieces
 Material
 Manufacturer
 Tolerance class
 Density (if known)

Loose Weights:

List **EACH** weight by Serial Number **OR**
 Nominal value and unique identifier
 Material
 Manufacturer
 Tolerance class
 Density (if known)

Test Measures and Provers:

List **EACH** artifact by Serial number
 Nominal value
 Material
 Manufacturer

ALSO LIST EACH WEIGHT by Nominal value **AND**
 unique identifier (in the Serial Number Column)

LIMS ID <i>Lab use only</i>	Serial Number OR Nominal & Unique ID	Information

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	

*Page 2 can be submitted multiple times if additional lines are needed.