



**WILTON SIMPSON  
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			
Mass Working <input type="checkbox"/>	SOP: 8 <input type="checkbox"/>	Laboratory does not have appropriate standards or methods to meet customer requirements <input type="checkbox"/>	
Mass Primary <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Volume <input type="checkbox"/>	SOP: 19 <input type="checkbox"/> 21 <input type="checkbox"/>	Date Completed / /	
	14 <input type="checkbox"/>	Laboratory Pick up by: _____	
<b>Tolerance applied</b>		Date / /	
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	Serial Number	Information	
<i>Lab use only</i>	OR Nominal & Unique ID		

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.