



South Carolina
DEPARTMENT OF AGRICULTURE
METROLOGY LABORATORY
 129 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

CALIBRATION REQUEST FORM

This form must be completed before items are scheduled for calibration. Please include a copy of this completed form with all scheduled shipments. **Failure to schedule an appointment and include this completed form will delay processing and calibration of equipment.**

If you have any questions or concerns, please do not hesitate to contact us at (803) 253-4052.

PERSON MAKING THIS REQUEST

Name _____
 Phone _____
 Email _____

COMPANY SUBMITTING ITEMS

Company Name _____
 Address _____
 City, State, Zip _____

METHOD OF PAYMENT

Credit Card Yes No
 Purchase Order _____
 Billing Name _____
 Address _____
 City, State, Zip _____
 Accounts Payable Email _____
 Accounts Payable Phone _____

Note: Calibration Certificates will not be issued until payment is received.

RETURN SHIPPING

Account Number _____
 Insurance Amount _____
 Shipping Method _____

Note: If shipping account is not entered above, shipping and handling will be prepaid and added to the invoice. If insurance amount is not entered above, shipment will be returned and not be insured.

DESCRIPTION OF ITEMS BEING SUBMITTED

Please include Class of weight/kit, number of weights in set, size of weight(s), serial number, set or gage number, and if possible previous South Carolina Test Number. **If submitting multiple weights, we ask for an inventory list of what is being shipped with the following references: previous state test number, Serial/ID Number, size of weight(s), and if a kit, please also include kit Serial/ID Number.**

NAME & ADDRESS TO APPEAR ON CALIBRATION CERTIFICATE

Company Name _____
 Address _____
 City, State, Zip _____

CALIBRATION DUE DATE

Due Date and Format _____

(Format Examples: 12 months from calibration date, 12 months at end of month, month and year only)

Note: Calibration due dates are not required and is only placed on the certificate if requested. If a due date is not entered above, a calibration due date will not appear on the certificate(s).

Additional Comments _____

FOR DEPARTMENT USE ONLY

Received by _____ Date _____ Past Due Invoice(s) _____
 Comments _____