

Application for Load Cell



This application should be used if the device, whether electric, hydraulic or pneumatic, that produces a signal (change in output) proportional to the load applied.

For Use by NCWM

Control #: _____

CC #: _____

Application Instructions:

- Review applicable checklist in "NCWM, Publication 14: Weighing Devices."
- Review "NCWM, Publication 14: Administrative Policy."
- Review applicable sections of "NIST, Handbook 44: Specifications, Tolerances and Other Technical Requirements for Weighing and Measuring Devices."
- Sign application. **Unsigned applications will not be accepted.**
- **Submit payment with application.**
- Submit a copy of the amended CC with changes clearly marked.
- Submit **two digital photos** of the device via email or on CD.
- Submit application in one of the following ways:

Email: info@ncwm.net

Mail: National Conference on Weights and Measures
 Attention: Project Coordinator
 1135 M Street, Suite 110
 Lincoln, Nebraska 68508

Fax: 402.434.4878

If completing application by hand, do so legibly and in blue ink. Illegible applications may delay processing times.

| Part 1. Who Will the <u>Contact</u> Be <u>During</u> the National Type Evaluation Program (NTEP) <u>Application</u> Process | | | |
|---|--|---|--------------|
| Today's Date: | Are you or someone within your company a National Conference on Weights and Measures (NCWM) Member: <input type="checkbox"/> Yes <input type="checkbox"/> No | NCWM Member ID: | Member Name: |
| Company: | | | |
| Street Address: | | | |
| City: | State: | Zip Code: | Country: |
| Primary Contact Name: | | Primary Contact Email Address (Required): | |
| Phone Number with Extension if Applicable: | Fax Number: | Web site: | |
| Other Authorized Contact Name: | Other Authorized Contact Email Address: | Other Authorized Contact Phone Number: | |
| Part 2. What <u>Contact</u> Information Do You Want to Appear on the NTEP Certificate of Conformance | | | |
| Company: | | | |
| Street Address: | | | |
| City: | State: | Zip Code: | Country: |
| Phone Number with Extension if Applicable: | | Fax Number: | |
| Contact Name: | Email Address: | Web site: | |

| Part 3. Where Do You Want <u>ALL Billing</u> to Be Sent | | | |
|---|--|--|----------|
| Company: | | Contact Name: | |
| Street Address: | | | |
| City: | | State: | Country: |
| Email Address (Required): | | Phone Number with Extension if Applicable: | |

| Part 4. NTEP Fees (Due at time of application.) | | |
|---|---|---|
| | NCWM Member | Non-Member |
| Application Fee (non-refundable) | \$800.00 | \$1,200.00 |
| Certificate Processing Fee | \$150.00 | \$225.00 |
| Total Fees | \$950.00 (Application & Processing Fees) | \$1,425.00 (Application & Processing Fees) |
| ** Additional laboratory fees may apply. Annual Maintenance Fees will also apply. See Publication 14 Administrative Policy for details. | | |
| To become a member of the National Conference on Weights and Measures, please go to www.ncwm.net/memberships and fill out the Membership Application. One of the many benefits of becoming a member is the reduced fees for NTEP Applications and Annual Maintenance. For a complete list of membership benefits, please go to www.ncwm.net/benefits . | | |

| Part 5. Publications | | | | |
|--|--|--|--------------|------------|
| PUBLICATION | NCWM MEMBER UNIT PRICE | NON-MEMBER UNIT PRICE | QUANTITY | AMOUNT DUE |
| <input type="checkbox"/> Handbook 44 (2019 Edition) Specifications, Tolerances and Other Technical Requirements for Weighing and Measuring Devices," as adopted by the National Conference on Weights and Measures | \$46 | \$46 | | \$ |
| <input type="checkbox"/> Publication 14: Administrative Policy (2019 Edition) | \$60 | \$120 | | \$ |
| <input type="checkbox"/> Publication 14: Grain Moisture Meters & Near Infrared Grain Analyzers (2019 Edition) Technical Policy, Checklists and Procedures | \$60 | \$120 | | \$ |
| <input type="checkbox"/> Publication 14: Measuring Devices (2019 Edition) Technical Policy, Checklists and Procedures | \$60 | \$120 | | \$ |
| <input type="checkbox"/> Publication 14: Weighing Devices (2019 Edition) Technical Policy, Checklists and Procedures | \$60 | \$120 | | \$ |
| <input type="checkbox"/> Publication 14 CD (2019 Edition) Includes: Administrative Policy, Grain Moisture Meters & Near Infrared Grain Analyzers, Measuring Devices and Weighing Devices | 1-3 CDs \$135 4-9 CDs \$100 10+ CDs \$85 | 1-3 CDs \$270 4-9 CDs \$200 10+ CDs \$170 | | \$ |
| SHIPPING & HANDLING | USA ONLY | OUTSIDE USA | SHIPPING DUE | |
| For quantities larger than those listed, please contact NCWM at 402.434.4872 or elisa.sfritt@ncwm.net for pricing. | Book(s): 1 = \$12.00 2-3 = \$19.00 CD(s): 1-3 = \$10.00 4-6 = \$16.00 | Contact NCWM at 402.434.4872 for shipping rates. | \$ | |

| Part 6. Payment Information | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|------------------|------------------------|----|----------------|--|--|--|
| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Check Enclosed (made payable to NCWM) | | | | | | | | | | | | | | | | |
| Account Number: | | | | | | | | | | Expiration Date: | | | Security Code: | | | |
| Billing Address: | | | | | | | | | | | Zip Code: | | | | | |
| Name on Credit Card: | | | | | | | | | | | Total Amount Enclosed: | \$ | | | | |

| | |
|---|--|
| Part 7. What Laboratory Would You Like to Conduct the Evaluation (NTEP Administrator reserves the right to select laboratory.) | |
| Check One <input type="checkbox"/> First Available <input type="checkbox"/> California <input type="checkbox"/> NIST Force Group | |
| Part 8. General Information | |
| Is this Evaluation to Addend An Existing NTEP Certificate of Conformance(CC): <input type="checkbox"/> Yes, Provide CC Number: _____ <input type="checkbox"/> No | |
| Part 9. Analysis Requested | |
| NIST, Handbook 44 Accuracy Class (Check One): Single Cell: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> III L Multiple Cell: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> III L | |
| Maximum Number of Load Cell Intervals (n_{max}): _____ | |
| Directions of Loading (Check One): <input type="checkbox"/> Tension <input type="checkbox"/> Compression <input type="checkbox"/> Tension & Compression (Universal) <input type="checkbox"/> Beam (Specify Direction): _____ | |
| Safe Load Limit: _____ | |
| Limits of Temperature: Upper: <input type="checkbox"/> 40°C <input type="checkbox"/> Other _____ °C Lower: <input type="checkbox"/> -10°C <input type="checkbox"/> Other _____ °C | |
| Construction Material of Counterforce (Check One): <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other (Specify Material): _____ | |
| Is There Sensitivity to Barometric Pressure Changes: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the Mounting Configuration: | |
| Load Cell Excitation (Check One): <input type="checkbox"/> 4 Wire <input type="checkbox"/> 6 Wire | |
| Maximum Excitation Voltage: _____ <input type="checkbox"/> AC <input type="checkbox"/> DC | |
| Recommended Excitation Voltage: _____ <input type="checkbox"/> AC <input type="checkbox"/> DC | |
| Load Cell Nominal Output: _____ mV/V | |
| Load Cell Impedance (Input): _____ | Load Cell Impedance (Output): _____ |

Part 10. Load Cell(s) Model Designation(s) to Be Covered by the CC

| Model | Max Capacity (E _{max}) | Minimum Load Cell Interval (V _{min}) | | Minimum Dead Load (E _{min}) | Maximum Number of Intervals (n _{max}) |
|-------|----------------------------------|--|---------------|---------------------------------------|---|
| | | Single Cell | Multiple Cell | | |
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Secondary Equipment Submitted (i.e. Load Adapters):

Part 11. General Description

Describe the reason this application is being submitted:

Part 12. Signature

Sign Here

By checking this box, the applicant authorizes the National Type Evaluation Program to disclose to Regulatory Officials, upon their request, that this application has been submitted and whether the file is currently open or closed.

Applicant agrees to and accepts all of the following terms and conditions for application for a National Type Evaluation Program (NTEP) Certificate of Conformance. 1) All the devices manufactured as the type referenced will continue to conform to the same specifications and tolerances and be of the same type without technical or metrological deviation of consequence. 2) All costs incurred by the NTEP and participating laboratory(s) will be paid by the applying company. 3) The NCWM policies, practices and procedures set forth in its Bylaws and publications are incorporated by reference as terms and conditions of the issuance/renewal under NTEP. 4) Applicant agrees that the law of the State of Nebraska shall control the interpretation and construction of NTEP and business relationships, including choice of law provisions. The parties agree that the exclusive legal forum of choice of the parties shall be the Lancaster County State District Court located in Lincoln, Nebraska. 5) Applicant agrees that NCWM, its officers, directors, employees and agents shall have no liability for any damages of any nature in excess of the application fee or the annual renewal fee, as applicable. This limitation of liability is a condition of the issuance of any certificate of conformance or renewal certificate under the NTEP Program. **Please be aware that an electronic signature is as legally binding as a handwritten signature.**

Signature

Date

Title