



To the NTEP Applicant:

Thank you for your application to receive a Private Label Certificate of Conformance from the National Type Evaluation Program.

Please provide this document to the Original Equipment Manufacturer for signature. NCWM will not process your application until we receive this properly executed document.

To the Original Equipment Manufacturer:

To ensure the accuracy of the private label agreement please identify your Certificate of Conformance number, and the model or models that you agree to provide to the private label applicant, in the space below.

- Certificate of Conformance Number: _____
- Model or Models included in the agreement: _____

Please sign and date this document indicating your agreement and submit directly to NCWM in one of the following manners:

Email: info@ncwm.com

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

Fax: 402.434.4878

Original Manufacturer Signature

The Original Manufacturer authorizes the Private Labeler to use the results of the evaluation conducted in conjunction with this National Type Evaluation Program Certificate of Conformance to seek a National Type Evaluation Program Certificate of Conformance in the Private Labeler name. The device provided to the Private Labeler is identical to the original type for which the aforementioned National Type Evaluation Program Certificate of Conformance was received and other than a change in the name plate, the Original Manufacturer agrees to make no changes to the device.

▶ _____ Signature	_____	_____
	Date	Title

Sincerely,

Darrell Flocken
NTEP Administrator