National Conference on Weights and Measures / National Type Evaluation Program

Application for Sale of a Company





This application should be used if a company has purchased the assets of a manufacturer who's weighing or measuring device is covered by a NTEP Certificate of Conformance and wishes to transfer the original manufacturer's Certificate of Conformance to its name. A separate application is required for each NTEP Certificate of Conformance.

Application Instructions:

- Sign application. **Unsigned applications will not be accepted**.
- Submit payment with application.
- Submit two digital photos of the device via email to NCWM.
- Attach a separate sheet of assets as requested in Part 9, if applicable.
- Submit application in one of the following ways:

Email: info@ncwm.com

Mail: National Conference on Weights and Measures

Attention: Project Coordinator

9011 South 83rd Street Lincoln, Nebraska 68516

Fax: 402.434.4878

For Use by NCWM							
Control #:							
CC #:							

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

Part 1. Who Will the Contact Be During the National Type Evaluation Program (NTEP) Application Process									
Today's Date:	Are you or someone within yo on Weights and Measures (NO	our company a National Confere CWM) Member: 🗌 Yes 🔲 No	ence 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	e:				
Other Authorized Contact Name: Other Authorized Contact Em			ail Address:		Other Authorized Contact Phone Number:				
Part 2. W	hat <u>Contact Information</u>	Do You Want to Appear	on the NTEP (<u>Certificat</u>	e of Conformance				
Company:									
Street Address:									
City:			State:		Zip Code:	Country:			
Phone Number with Extension if Applicable:			Fax Number:						
Contact Name	:	Email Address:	W		Web site:				

Part 3. Where Do You Want Al	<u>L Billing</u> to Be Sent										
Company:				Contact Name:							
Street Address:											
City:			State:			Zip Code: Cour					
Email Address (Required):		Ph	Phone Number with Extension if Applicable:								
Part 4. NTEP Fees (Due at time of application.)											
	NCWM Memb	er		Non-Member							
Application Fee (non-refundable)	Application Fee (non-refundable) \$350				\$525						
Total Fees \$350				^{\$} 525							
** Additional laboratory fees may apply. Annual Maintenance Fees will also apply. See Publication 14 Administrative Policy for details.											
** Save instantly on your NTEP Application fees by becoming an NCWM Member at www.ncwm.com/membership.											
Part 5. Publications											
PUB	LICATION			NCWM ME/ UNIT PRIC		NON-MEMBER UNIT PRICE QUANTITY		AMOUNT DUE			
Handbook 44 (Current Edition) Specifications, Tolerances and Other Technical Requirements for Weighing and Measuring Devices," as adopted by the National Conference on Weights and Measures				\$ 4 6		^{\$} 46		\$			
Publication 14: Administrative Policy (Current Edition)				\$60	\$1 2 0			\$			
Publication 14: Grain Moisture Meters & Near Infrared Grain Analyzers (Current Edition) Technical Policy, Checklists and Procedures				\$ 60	\$120			\$			
Publication 14: Measuring Devices (Current Edition) Technical Policy, Checklists and Procedures				^{\$} 60	\$60 \$120			\$			
Publication 14: Weighing Devices (Current Edition) Technical Policy, Checklists and Procedures				\$60	\$120			\$			
☐ Publication 14 CD (Current Edition) Includes: Administrative Policy, Grain Moisture Meters & Near Infrared Grain Analyzers, Measuring Devices and Weighing Devices				1-3 CDs \$ 4-9 CDs \$ 10+ CDs \$	100 4-9 CDs \$200		\$				
SHIPPING & HANDLING					LY	OUTSIDE USA SHIPPING		PPING DUE			
For quantities larger than those listed, please contact NCWM at 402.434.4872 or elisa.stritt@ncwm.com for pricing.					\$12 : \$19 \$10 : \$16	Contact NCWM at 402.434.4872 \$ for shipping rates.					
Part 6. Payment Information											
□ VISA □ MasterCard □ Discover □ American Express □ Check Enclosed (made payable to NCWM)											
Account Number:				Expiration Date:			curity de:				
Billing Address:						Zip Code:					
Name on Credit Card:					Total Amount Enclosed:						

Part 7.	About the Origin	al Manufactu	rer (Seller)							
Company:										
Street Addr	ress:									
Cit				Ctartar		7:- 0		C		
City:				State:		ZIP Cod	Zip Code: Country:			
Contact No	ame:		Phone Number with Extension if Applicable:			Email Add	dress:			
Part 8.	NTEP Certificate	of Conformar	nce							
	e Number		acturer Model Designation(s)	esignation(s)			Purchaser Model Designation(s)			
Part 9.	Assets (Attach a s	eparate sheet	with all other assets acqui	red.)						
Were Blue	Prints Purchased:							☐ Yes ☐ No	0	
Were Mar	nufacturing Facilities	Purchased:						☐ Yes ☐ No	0	
Was Equipment Purchased:						☐ Yes ☐ No	0			
Was Personnel Maintained: (Please attach a separate sheet with specific information.)							☐ Yes ☐ No	0		
Was Training Developed: (Please attach a separate sheet with specific information.)							☐ Yes ☐ No	0		
Part 10.	Original Manufa	cturer Signatu	ıre							
The Original Manufacturer authorizes the Purchaser to transfer the ownership of National Type Evaluation Program Ce Conformance to its own name. The device provided to the Purchaser is identical to the original type for which the aforementione Type Evaluation Program Certificate of Conformance was received. Please be aware that an electronic signature is as legally be handwritten signature. Here								orementioned Natio	nal	
	Signature			Date		Title				
Part 11.	Purchaser Signa	ture								
Sign Here	The parties garee that the exclusive legal forum of choice of the parties shall be the Lancaster County State District Court located in Lincoln									
1	Signature			Date		Title				