



National Council on Weights and Measures

"That Equity May Prevail"  
9011 South 83rd Street | Lincoln, Nebraska 68516  
P. 402.434.4880 | W. [www.ncwm.com](http://www.ncwm.com)



## IMPORTANT NOTICE

### Effective January 1st, 2027

**PLEASE READ BEFORE SUBMITTING THE APPLICATION FOR THE NTEP  
EVALUATION OF YOUR ELECTRIC VEHICLE SUPPLY EQUIPMENT**

Effective January 1st, 2027, The National Type Evaluation Program (NTEP) will no longer issue NTEP Certificates of Conformance for Electric Vehicle Supply Equipment (EVSE) based on California Type Evaluation Program (CTEP) certificates and evaluation data. NTEP has a laboratory (NTEP California) for Electric Vehicle Supply Equipment (EVSE) certification and three evaluators available to conduct evaluations at EVSE manufacturing facilities or field installations.

Until June 30<sup>th</sup>, 2027, NTEP will issue a certificate of conformance for any 2026 CTEP certificate that was completed and issued by CTEP in 2026, provided all requirements of the 2026 edition of NIST Handbook 44 and NCWM Publication 14 EVSE are met.

If you have questions, please contact [jeff.gibson@ncwm.com](mailto:jeff.gibson@ncwm.com) NTEP Administrator

**Application for Electric Vehicle Fueling System Device**

**This application should be used if** the device or equipment is designed to measure and deliver Electricity. Means may or may not be provided to indicate automatically, for one of a series of unit prices, the total money value of the electricity measured, or to make deliveries corresponding to specific money values at a definite unit price.

**Application Instructions:**

- Complete the checklist in "NCWM, Publication 14: Electric Vehicle Fueling Systems."
- Read "NCWM, Publication 14: Administrative Policy."
- Read "NIST, Handbook 44: Specifications, Tolerances and Other Technical Requirements for Weighing and Measuring Devices," current code requirements.
- Sign application. **Unsigned applications will not be accepted.**
- **Submit payment with application.**
- Submit a copy of the amended CC with changes clearly marked. (Only if amending current CC)
- Submit **two digital photos** of the device via email with application.
- Submit application in one of the following ways:

**Email:** [info@ncwm.com](mailto:info@ncwm.com)

**Mail:** National Council on Weights and Measures Attention:  
Project Coordinator  
9011 South 83<sup>rd</sup> Street  
Lincoln, Nebraska 68516

**For Use by NCWM**

Control #: \_\_\_\_\_

CC #: \_\_\_\_\_

If completing application by hand, do so **legibly** and in **blue ink**. 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 your company a National Council 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 Contact 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: |          |

## NTEP Application for Electric Vehicle Fueling Systems Device

### Part 3. Where Do You Want ALL Billing to Be Sent?

|                           |        |                                            |          |
|---------------------------|--------|--------------------------------------------|----------|
| Company:                  |        | Contact Name:                              |          |
| Street Address:           |        |                                            |          |
| City:                     | State: | Zip Code:                                  | 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                                          |
| <b>Total Fees</b>                | <b>\$950.00</b> (Application & Processing Fees) | <b>\$1,425.00</b> (Application & Processing Fees) |

**\*\* 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](http://www.ncwm.com/membership).**

### Part 5. Payment Information (Application will not be processed until payment received)

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express ☐ Please Invoice ☐ Check Enclosed ☐ Check to follow USPS (made payable to NCWM)

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  |                              |  |                |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------|--|------------------------------|--|----------------|--|--|--|--|
| Account Number:      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Expiration Date: |  |                              |  | Security Code: |  |  |  |  |
| Billing Address:     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  | Zip Code:                    |  |                |  |  |  |  |
| Name on Credit Card: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                  |  | Total Amount Enclosed:<br>\$ |  |                |  |  |  |  |

### Part 6. What Laboratory Would You Like to Conduct the Evaluation? (NTEP reserves the right to select laboratory.)

☐ California ☐ Other \_\_\_\_\_

### Part 7. General Information

Is this Evaluation to Amend an Existing NTEP Certificate of Conformance (CC): ☐ Yes, Provide CC Number: \_\_\_\_\_ ☐ No

### Part 8. Model Designation

Model Designation(s) How It/They Will Appear on the NTEP Certificate of Conformance:

### Part 9. Device Type

Device Type (Check All That Apply):

☐ AC Charger ☐ DC Charger ☐ Other Explain: \_\_\_\_\_.

## NTEP Application for Electric Vehicle Fueling Systems Device

### Part 10. Means of Sealing

|                                                                                                                                                                                    |  |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| <input type="checkbox"/> Category 1<br><input type="checkbox"/> Physical Seal <input type="checkbox"/> Event Counters                                                              |  |                                                          |
| <input type="checkbox"/> Category 2<br><input type="checkbox"/> Physical Seal <input type="checkbox"/> Event Counters<br>Does the instrument have remote configuration capability? |  |                                                          |
|                                                                                                                                                                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Category 3 (Event Logger is required)<br>Does the instrument have remote configuration capability?                                                        |  |                                                          |
|                                                                                                                                                                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the Means and Location of the Physical Sealing and or remote configuration capability:                                                                                    |  |                                                          |
|                                                                                                                                                                                    |  |                                                          |

### Part 11. Standard Features and Options

| Description                              | Check One                                                                                       |
|------------------------------------------|-------------------------------------------------------------------------------------------------|
| Card Reader:                             | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Cash Acceptor:                           | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Preset Money:                            | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Remote Payment:                          | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Prepaid or Membership Subscription Card: | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Mobile App Interface:                    | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| RFID Interface:                          | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Computer Interface:                      | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Data Connection: Explain:_____.          | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Digital Indications:                     | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Analog Indications:                      | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Receipt Printer:                         | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Electronically Sent Receipt:             | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Parking Charge Feature:                  | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |
| Other: Explain:_____.                    | <input type="checkbox"/> Standard <input type="checkbox"/> Optional <input type="checkbox"/> NA |

### Part 12. Device Configuration

|                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Check One:<br><input type="checkbox"/> Single Charge Cable <input type="checkbox"/> Dual Charge Cable <input type="checkbox"/> Other Explain:_____.<br>Length of Charge Cord/s _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## NTEP Application for Electric Vehicle Fueling Systems Device

### Part 13. Connector Types

EV Connector (Check All That Apply):

AC Connector: ☐ Type 1 (J1772) ☐ Type 2 (Mennekes) ☐ GB/T ☐ Tesla

DC Connector: ☐ CCS1 ☐ CCS2 ☐ GB/T ☐ Tesla ☐ CHAdeMO

### Part 14. Device Specifications

|                                     |                                                                                                                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Input Voltage Rating:</b>        | <input type="checkbox"/> AC: _____ <input type="checkbox"/> DC: _____ <input type="checkbox"/> Other Explain: _____.                                                                                                    |
| <b>Input Current Range: (Amps)</b>  | <input type="checkbox"/> AC: _____ <input type="checkbox"/> DC: _____ <input type="checkbox"/> Other Explain: _____.                                                                                                    |
| <b>Output Voltage Rating:</b>       | <input type="checkbox"/> AC: _____ <input type="checkbox"/> DC: _____ <input type="checkbox"/> Other Explain: _____.                                                                                                    |
| <b>Output Current Range: (Amps)</b> | <input type="checkbox"/> AC: _____ <input type="checkbox"/> DC: _____ <input type="checkbox"/> Other Explain: _____.                                                                                                    |
| <b>MMQ:</b>                         |                                                                                                                                                                                                                         |
| <b>Display:</b>                     | Check all that apply:<br><input type="checkbox"/> Remote Device <input type="checkbox"/> Technician Only <input type="checkbox"/> Touch Screen or User Visible Display <input type="checkbox"/> Vehicle User interface: |
| <b>Maximum Quantity Display:</b>    | <input type="checkbox"/> Megajoules: _____ <input type="checkbox"/> Kilowatt hour: _____ <input type="checkbox"/> Other Units: _____.<br>Maximum Total Sales Display: _____                                             |
| <b>Software Version:</b>            |                                                                                                                                                                                                                         |

### Part 15. General Description

Describe the reason this application is being submitted:

### Part 16. Signature

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| <b>Sign Here</b> | <input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                |
|                  | <input type="checkbox"/> 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. <b>Please be aware that an electronic signature is as legally binding as a handwritten signature.</b> |               |                |
|                  |  _____<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____<br>Date | _____<br>Title |