

Application for Taximeter



This application should be used if the device automatically calculates at a predetermined rate or rates and indicates the charge for hire of a vehicle. This application does not apply to odometers on vehicles that are rented on a distance basis.

For Use by NCWM

Control #: _____

CC #: _____

Application Instructions:

- Review applicable checklist in "NCWM, Publication 14: Measuring Devices."
- Review "NCWM, Publication 14: Administrative Policy."
- Review applicable sections of "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.com

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:	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	\$1,200
Certificate Processing Fee	\$150	\$225
Total Fees	\$950 (Application & Processing Fees)	\$1,425 (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 **		

Part 5. Publications				
PUBLICATION	NCWM MEMBER UNIT PRICE	NON-MEMBER UNIT PRICE	QUANTITY	AMOUNT DUE
<input type="checkbox"/> 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	\$46	\$46		\$
<input type="checkbox"/> Publication 14: Administrative Policy (Current Edition)	\$60	\$120		\$
<input type="checkbox"/> Publication 14: Grain Moisture Meters, Near Infrared Grain Analyzers (Current Edition) Technical Policy, Checklists and Procedures	\$60	\$120		\$
<input type="checkbox"/> Publication 14: Measuring Devices (Current Edition) Technical Policy, Checklists and Procedures	\$60	\$120		\$
<input type="checkbox"/> Publication 14: Weighing Devices (Current Edition) Technical Policy, Checklists and Procedures	\$60	\$120		\$
<input type="checkbox"/> Publication 14 CD (Current 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.stritt@ncwm.com for pricing.	Book(s): 1 = \$12 2-3 = \$19 CD(s): 1-3 = \$10 4-6 = \$16	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: \$

