National Conference on Weights and Measures / National Type Evaluation Program

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.

Application Instructions:

- Review applicable checklist in "NCWM, Publication 14: Measuring 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.com

Mail: National Conference on Weights and Measures

Attention: Project Coordinator

9011 South 83rd Street Lincoln, Nebraska 68516

Fax: 402.434.4878

S AND M	S AND M
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 <u>Contact</u> Be <u>During</u> the National Type Evaluation Program (NTEP) <u>Application Process</u>							
Today's Date:	,	ur company a National Confere CWM) Member: 🗌 Yes 🔲 No	nce NCWM N	Nember ID:	Member Name:		
Company:			·				
Street Address:							
City: State: Zip Code:				Zip Code:	Country:		
Primary Contac	imary Contact Name: Primary Contact Email Address (Required):						
Phone Number	with Extension if Applicable:	Fax Number: Web site		Web site:	э:		
Other Authorized Contact Name: Other Authorized Contact Em		Other Authorized Contact Emo	iil Address:	(Other Authorized Contact Phone Number:		
Part 2. W	hat <u>Contact Information</u>	Do You Want to Appear <u>c</u>	on the NTEP C	<u>Certificate</u>	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 Al	<u>L Billing</u> to Be Sent								
Company:		Co	ontact	Name:					
Short Address									
Street Address:									
City:			State	:	Zip	o Code:	Country:		
Email Address (Required):		Ph	none Ni	umber with E	xtension if	Applicable:			
Part 4. NTEP Fees (Due at time	of application)								
Tan 4. Mili Tees (bue al lille									
	NCWM N	Nember				Non-M	ember		
Application Fee (non-refundable)	\$800.	1.00				\$1,20	0.00		
Certificate Processing Fee	\$150.).00				\$225	5.00		
Total Fees	\$ 950.00 (Application	1 & Proces	sing Fe	es)	\$1,	425.00 (Application	on & Processin	g Fees)	
** Additional laboratory fees may ap	ply. Annual Maintenance i	Fees will	also a	pply. See P	ublicatio	on 14 Administrat	ive Policy fo	r details.	
** Save instantly on your NTEP Applica	ation fees by becoming ar	n NCWM	Memb	oer at www	.ncwm.c	om/membership).		
Part 5. Publications									
PUBLI	CATION			NCWM ME UNIT PRI		NON-MEMBER UNIT PRICE	QUANTITY	AMOUN'	T
Handbook 44 (2015 Edition) Specifications, Tolerances and Other Tolerances and Devices," as adopted by the Measures				\$46		\$ 4 6		\$	
☐ Publication 14: Administrative Policy (2	015 Edition)			\$60		\$1 20		\$	
Publication 14: Grain Moisture Meters 8 Technical Policy, Checklists and Proced		rs (2015 Ed	lition)	\$60		\$1 20		\$	
Publication 14: Measuring Devices (201 Technical Policy, Checklists and Proced				\$60		\$1 2 0		\$	
Publication 14: Weighing Devices (2015) Technical Policy, Checklists and Proced	,			\$60		\$1 20		\$	
Publication 14 CD (2015 Edition) Includes: Administrative Policy, Grain M Analyzers, Measuring Devices and Wei		d Grain		1-3 CDs 4-9 CDs 10+ CDs	^{\$} 100	1-3 CDs \$270 4-9 CDs \$200 10+ CDs \$170		\$	
SHIPPING & HANDLING				USA C	NLY	OUTSIDE USA	SHI	PPING DUE	
For quantities larger than those listed, plea elisa.stritt@ncwm.com for pricing.	se contact NCWM at 402.434.	.4872 or		Book(s): 1 = 2-3 CD(s): 1-3 =	= \$19.00	Contact NCWM 402.434.4872 for shipping rate	\$		
					= \$16.00	Tot Stripping rate	.		
Part 6. Payment Information									
□ VISA □ MasterCard □ Dis	cover American Exp	ress	☐ Ch	eck Enclosed	d (made p	payable to NCWM)			
Account Number:				Expirat Date:	ion		ecurity ode:		
Billing Address:		<u> </u>		1 2010.	1 1	Zip Code:	<u> </u>		
Name on Cradit Card						Total Amarina	t England:		
Name on Credit Card:						Total Amoun \$	i Enclosea.		

Part 7. What Laboratory Would You Like to Conduct the Evaluation (NTEP Administrator reserves the	e right to select laboratory.)
Check One:	
☐ First Available ☐ California ☐ New York	
Part 8. General Information	
Is this Evaluation to Addend An Existing NTEP Certificate of Conformance(CC): Yes, Provide CC Number:	□No
Part 9. Model Designation	
Model Designation(s) How It/They Will Appear on the NTEP Certificate of Conformance:	
Part 10. Device Type	
Check One:	
☐ Single Device ☐ Series of Devices	
Part 11. Standard Features and Options	
Description	Check One
	Standard Option
	☐ Standard ☐ Option
	Standard Option
	☐ Standard ☐ Option
	Standard Option
	☐ Standard ☐ Option
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Part 12.	Peripheral Equipment that Ca	n Interface with the D)evice			
Check All th	nat Apply:	Remote Display(s)	☐ Ticket / Receip	ot Printer	☐ Wireless	Communication Device(
Part 13.	Peripheral Equipment Standar	d Features and Optic	ons			
		Description				Check One
		·				☐ Standard ☐ Option
						☐ Standard ☐ Option
						☐ Standard ☐ Option
						☐ Standard ☐ Option
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						☐ Standard ☐ Option
						☐ Standard ☐ Option
						☐ Standard ☐ Option
						☐ Standard ☐ Option
						☐ Standard ☐ Option
Part 14.	Recording Element					
	Model Designation			٨	Manufacturer	
Part 15.	General Description					
Describe th	e reason this application is being submit	ted:				
Part 16.	Signature					
	By checking this box, the applican	nt authorizes the National T	ype Evaluation Progran	n to disclos	e to Regulator	y Officials, upon their request
	that this application has been sub	mitted and whether the file	is currently open or clo	osed.		
	Applicant agrees to and accepts all	•			, ,	Ŭ (
	Certificate of Conformance. 1) All the tolerances and be of the same type					
	participating laboratory(s) will be paid publications are incorporated by refer					
Sign	the State of Nebraska shall control the The parties agree that the exclusive le	e interpretation and const	ruction of NTEP and bu	usiness relat	tionships, includ	ding choice of law provisions
Here	Nebraska. 5) Applicant agrees that No	CWM, its officers, directors,	employees and agent	ts shall hav	e no liability for	any damages of any nature
	in excess of the application fee or the certificate of conformance or renewo					
	as a handwritten signature.					
	Signature		Date	Title		