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Mike Beam, Secretary

Laura Kelly, Governor

Kansas Metrology Laboratory
Customer Submission Form

This form may be brought / shipped in with scheduled items or emailed to : kda.metrology@ks.gov
Be advised that any information, documentation, or written communication that you submit or provide to the KDA Laboratory may be subject to public disclosure pursuant to the Kansas Open Records Act, K.S.A. 45-215, et seq.

Date	
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Company	Company Name			
	Physical Address			
	City, State Zip Code			
	Contact Person			
	Phone Number			
	Email			
Mailing (if different than physical)	Postal Address			
	City, State Zip Code			
Billing (if billed to a different location)	Company Name			
	Billing Address			
	City, State Zip Code			
	Contact Person			
	Phone Number			
	Email			
Shipping	Method	<input type="checkbox"/> use shipping account	<input type="checkbox"/> use return shipping label included	<input type="checkbox"/> lab ships (excludes freight, charged to invoice)
	Fill out if -> "use shipping account" has been selected.	Carrier Name		
		Service Type (e.g. ground)		
		Account Number		
		Insurance Amount, if any		
Purchase Order Number				
Certificate	Certification Period (if required, e.g. 1 yr)			
	Assigned to (optional, e.g. Assigned to: Unit 1)			
Additional information, for mass standards, to determine applicable calibration procedures and MPE's.				
Quantity	Class	Nominal Mass (if set of standards, enter the range)	Serial Number(s)	
		<- Total		
Notes				