

**Appendix B. Request for Recognition, Scope of Recognition, Approved  
Signatories, Authorized Representative**  
*Revised September 2014*

**Name of laboratory**

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**Address of laboratory**

Laboratory Staff & Titles	Address	Communications
		Phone:
		Fax:
		e-mail:
		URL:

**Scope of Recognition** – submit complete uncertainty estimates that match this Scope

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**Approved Signatories** - have assigned responsibility for validity of laboratory reports

*(Please use the Approved Signatory Table on the next page for labs with multiple staff.)*

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**Authorized Representative** - contact for administration of laboratory Recognition (acceptable to have multiple contacts for OWM)

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### Approved Signatory Table

<b>Scope/Staff</b>	<i>{Enter Name}</i>	<i>{Enter Name}</i>	<i>{Enter Name}</i>	<i>{Enter Name}</i>	<i>{Enter Name}</i>
Echelon I Mass					
Echelon II Mass					
Echelon III Mass					
Echelon III Mass Wheelload Weighers					
Echelon III Mass Weight Carts					
Echelon I Volume Gravimetric					
Echelon I Volume SVP					
Echelon II Volume Transfer					
Echelon II Volume LPG					
Length					
Thermometry					
Tuning Forks					
Stopwatches					