NIST SRM Registration System

The NIST SRM Registration System allows you to receive notification of any developments or updates to that product. Notification requires the SRM user's contact information. A user can register a maximum of thirteen SRMs.

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, may be sent to the following:

National Institute of Standards and Technology Attn: Tracy Hayat Office of Reference Materials 100 Bureau Drive, Stop 2300 Gaithersburg, MD 20899-2300

Tel: 301-975-2092 E-mail: tracy.hayat@nist.gov

Disclaimer

You are accessing a U.S. Government information system, which includes: 1) this computer, 2) this computer network, 3) all computers connected to this network, and 4) all devices and storage media attached to this network or to a computer on this network. You understand and consent to the following: you may access this information system for authorized use only; you have no reasonable expectation of privacy regarding any communication of data transiting or stored on this information system; at any time and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

OMB Control No.: 0693-0031 OMB Expiration Date: May 31, 2018

SRM User Contact Information

NIST SRM User Inform	ation (Fields with an asterisk are required.)		
*User First Name:			
*User Surname:			
*Organization/Company:			
*Address:			
Address (continued):			
*City:			
*State/Province:			
Postal Code:			
*Country:			
Best Contact Method? (When selecting any of the options, ensure the	information below is complete. Mo	ore than one can
selected.)		_	ore than one can
	When selecting any of the options, ensure the	information below is complete. Mo	ore than one can
selected.) Phone Phone Number (Field sho		_	ore than one can
selected.) Phone Phone Number (Field sho	Fax nuld only contain digits, spaces or dashes.)	_	ore than one can
Phone Phone Number (Field should Fax Number (Field should	Fax nuld only contain digits, spaces or dashes.)	_	ore than one can
Phone Phone Number (Field should Fax Number (Field should	Fax uld only contain digits, spaces or dashes.) only contain digits, spaces or dashes.)	_	ore than one can
Selected.) Phone Phone Number (Field should Fax Number (Field should	Fax uld only contain digits, spaces or dashes.) only contain digits, spaces or dashes.)	_	ore than one can

A (1) designates the first SRM you are registering. Fields with an asterisk (*) are required.

(1) SRM/RM Number:					
(1) Lot Number (if available):					
(1) Serial Number (if available):					
(1) What is the inten	ided use of this	SRM to your v	vork?		
(1) Purchased direct	tly from NIST?				
Yes					
○ No					

A (1) designates the first SRM you are registering. Fields with an asterisk (*) are required. * (1) Purchase Information (Reseller/Distributor) (1) Purchased from (Company Name) (1) Order Date (MM/DD/YYY) (If not known, please approximate with the month and year.) * Would you like to register another NIST SRM? No

A (1) designates the first SRM you are registering. Fields with an asterisk (*) are required.

(1) Order Date	ation (NIST)			
(MM/DD/YYYY):			 	
(1) NIST Sales Order:				
(1) Customer Purchase Order:				
Would you like to reg	jister another NIS	ST SRM?		
Yes				
No				

A (2) designates the second SRM you are registering. Fields with an asterisk (*) are required.

* (2) NIST SRM Infor	mation			
(2) SRM Number Purchased:				
(2) Lot Number (if available):				
(2) Serial Number (if available):				
(2) What is the inter	nded use of this SF	RM to your work?		
* (2) Durahasad direct	the frame NICTO			
* (2) Purchased direc	tly from NIST?			
Yes				
○ No				

A (2) designates the second SRM you are registering. Fig.	elds with an asterisk (*) are required.
* (2) Purchased from (Company Name)	
(2) Order Date (If not known, please approximate with the month and ye	ear.)
* Would you like to register another NIST SRM?	
Yes No	

A (2) designates the second SRM you are registering. Fields with an asterisk (*) are required.

(2) Purchase Informa (2) Order Date				
(MM/DD/YYYY):				
(2) NIST Sales Order:				
(2) Customer Purchase Order:				
Would you like to rec	jister another	NIST SRM?		
Yes				
No				

A (3) designates the third SRM you are registering. Fields with an asterisk (*) are required.

SRM Number				 	
rchased:					
Lot Number (if ailable):					
Serial Number (if ailable):					
) What is the inten	ded use of th	is SRM to yo	our work?		
) Purchased direct	tly from NIST	?			
Yes					
) No					

A (3) designates the third SRM you are registering. Fields with an asterisk (*) are required.
* (3) Purchased from (Company Name):
(3) Order Date (If not known, please approximate with the month and year.)
* Would you like to register another NIST SRM?
Yes No

A (3) designates the third SRM you are registering. Fields with an asterisk (*) are required.

(3) Order Date					\neg
(MM/DD/YYYY):				 	
(3) NIST Sales Order:					
(3) Customer Purchase Order:					
Would you like to reg	ister another	NIST SRM?)		
Yes					
No					

A (4) designates the fourth SRM you are registering. Fields with an asterisk (*) are required.

(4) NICT CDM Inform	action			
(4) NIST SRM Inform(4) SRM Number				_
Purchased:				
(4) Lot Number (if available):				
(4) Serial Number (if available):				
(4) What is the intend	ded use of this S	SRM to your wo	·k?	
Purchased directly fr	om NIST?			
Yes				
○ No				

A (4) designates the fourth SRM you are registering. Fields with an asterisk (*) are required.

4) Order Date	(If not known, pleas	e approximate with	the month and yea	r.)	
		\UOT 00\40			
	to register anoth	ier NIST SRM?			
Yes					
No					

A (4) designates the fourth SRM you are registering. Fields with an asterisk (*) are required.

* (4) Purchase Informa	ation (NIST)			
(4) Order Date (MM/DD/YYYY):				
(4) NIST Sales Order Number:				
(4) Customer Purchase Order:				
* Would you like to reç	gister another NIS	T SRM?		
Yes				
No				

A (5) designates the fifth SRM you are registering. Fields with an asterisk (*) are required.

5) SRM Number	mation				
urchased:					
s) Lot Number (if vailable):					
s) Serial Number (if vailable):					
5) What is the inter	nded use of this	SRM to your w	ork?	1	
urchased directly	from NIST?				
Yes					
No					

A (5) designates the fifth SRM you are registering. Fields with an asterisk (*) are required.
* (5) Purchased from (Company Name):
(5) Order Date (If not known, please approximate with the month and year.)
* Would you like to register another NIST SRM?
Yes No

A (5) designates the fifth SRM you are registering. Fields with an asterisk (*) are required.

* (5) Purchase Informa	ation (NIST)			
(5) Order Date (MM/DD/YYYY):				
(5) NIST Sales Order Number:				
(5) Customer Purchase Order:				
* Would you like to reg	gister another NIS	T SRM?		
Yes				
○ No				

A (6) designates the sixth SRM you are registering. Fields with an asterisk (*) are required.

) SRM Number	mation				7
ırchased:					
) Lot Number (if ailable):					
) Serial Number (if railable):					
) What is the inten	ded use of this	s SRM to you	r work?		
urchased directly f	rom NIST?				
Yes					
) No					
) 110					

A (6) designates the sixth SRM you are registering. Fields with an asterisk (*) are required.	
* (6) Purchased from (Company Name):	
* (6) Order Date: (If not known, please approximate with the month and year.)	
* Would you like to register another NIST SRM? Yes No	

A (6) designates the sixth SRM you are registering. Fields with an asterisk (*) are required.

* (6) Purchase Informa	ation (NIST)			
(6) Order Date (MM/DD/YYYY):	, ,			
(6) NIST Sales Order Number:				
(6) Customer Purchase Order:				
* Would you like to reg	jister another NIST	SRM?		
Yes				
No				

A (7) designates the seventh SRM you are registering. Fields with an asterisk (*) are required.

) SRM Number	mation			
urchased:				
) Lot Number (if vailable):				
) Serial Number (if vailable):				
') What is the appl	ication of this SR	M to your work?		
urchased directly	from NIST?			
Yes				
No				

A (7) designates the seventh SRM you are registering.	Fields with an asterisk (*) are required.
* (7) Purchased from (Company Name):	
* (7) Order Date: (If not known, please approximate with the month an	nd year.)
* Would you like to register another NIST SRM?	
Yes No	

A (7) designates the seventh SRM you are registering. Fields with an asterisk (*) are required.

* (7) Purchase Informa	mon (MS1)			
(7) Order Date (MM/DD/YYYY):				
(7) NIST Sales Order Number:				
(7) Customer Purchase Order:				
* Would you like to reg	jister another N	IST SRM?		
Yes				
No				

A (8) designates the eighth SRM you are registering. Fields with an asterisk (*) are required.

8) NIST SRM Infoi	mation			
8) SRM Number	mation			
Purchased:				
8) Lot Number (if available):				
8) Serial Number (if vailable):				
0) What is the into	nded use of this	SDM to your	vork?	
8) What is the inte	naea use of this	S SRM to your v	WORK?	
Purchased directly	from NIST?			
Yes	-			
_				
No				

A (8) designates the eighth SRM you are registering.	Fields with an asterisk (*) are required.
* (8) Purchased from (Company Name):	
* (8) Order Date: (If not known, please approximate with the month	and year.)
* Would you like to register another NIST SDM2	
* Would you like to register another NIST SRM? Yes No	

A (8) designates the eighth SRM you are registering. Fields with an asterisk (*) are required.

* (8) Purchase Informa	tion (NIST)		
(8) Order Date (MM/DD/YYYY):			
(8) NIST Sales Order Number:			
(8) Customer Purchase Order:			
			I
* Would you like to reg	ister another NIST SF	RM?	
Yes			
No			

A (9) designates the ninth SRM you are registering. Fields with an asterisk (*) are required.

9) NIST SRM Infor	rmation				
9) SRM Number Purchased:					
9) Lot Number (if vailable):					
9) Serial Number (if vailable):					
9) What is the inte	nded use of this	SRM to your v	vork?	_	
Purchased directly	from NIST?				
Yes					
No					
_					

A (9) designates the ninth SRM you are registering. Fields with an asterisk (*) are required. * (9) Purchased from (Company Name): * (9) Order Date: (If not known, please approximate with the month and year.) * Would you like to register another NIST SRM?

A (9) designates the ninth SRM you are registering. Fields with an asterisk (*) are required.

(9) Order Date (MM/DD/YYYY): (9) NIST Sales Order Number:				
(9) Customer Purchase Order:				
Would you like to registe	er another NIS	ST SRM?		
Yes				
No				

A (10) designates the tenth SRM you are registering. Fields with an asterisk (*) are required.

10) NIST SRM Info	ormation			
.0) SRM Number urchased:	, maden			
.0) Lot Number (if vailable):				
.0) Serial Number (if vailable):				
10) What is the into	ended use of this	s SRM to your v	vork?	
urchased directly	from NIST2			
Yes	HOIII NIOT:			
) No				

A (10) designates the tenth SRM you are registering. Fields with an asterisk (*) are required.

(10) Durches	ad from (Compa	uny Nama):			
10) Purchase	ed from (Compa	шу мате):			
10) Order Da	ate: (If not known, p	olease approximate w	vith the month and y	ear.)	
	e to register and	other NIST SRM?)		
Yes					
No					

A (10) designates the tenth SRM you are registering. Fields with an asterisk (*) are required.

(10) Purchase Informa	ation (MOT)			
10) Order Date MM/DD/YYYY):				
10) NIST Sales Order Number:				
10) Customer Purchase Order:				
Would you like to regi	ster another N	NIST SRM?		
Yes				
No				

A (11) designates the eleventh SRM you are registering. Fields with an asterisk (*) are required.

11) SRM Number					
Purchased:					
11) Lot Number (if available):					
(11) Serial Number (if available):					
(11) What is the inte	ended use of th	is SRM to your	work?	_	
Purchased directly	from NIST?				
Yes					
No					

A (11) designates the eleventh SRM you are registering. Fields with an asterisk (*) are required.

11) Purchase	ed from (Compar	ny Name):			
(11) Order Da	te: (If not known, p	olease approximate	with the month and	d year.)	
Nould you like	e to register ano	ther NIST SRM'	?		
Yes					
No					

A (11) designates the eleventh SRM you are registering. Fields with an asterisk (*) are required.

(11) Order Date	ation (NIST)			
(MM/DD/YYYY):				
(11) NIST Sales Order Number:				
(11) Customer Purchase Order:				
Would you like to regi	ister another NIS	ST SRM?		
Yes				
No				

A (12) designates the twelfth SRM you are registering. Fields with an asterisk (*) are required.

(12) NIST SRM Inforr (12) SRM Number Purchased: (12) Lot Number (if available): (12) Serial Number (if	mation				
Purchased: (12) Lot Number (if available):					
available):					
12) Serial Number (if					
vailable):					
12) What is the inten	ded us of th	is SRM to y	our work?		
Samuela and Paris (I. C.)	···· NICTO				
Purchased directly fro	om NIST?				
Yes					
No					

A (12) designates the twelfth SRM you are registering. Fields with an asterisk (*) are required.

(12) Purchase	d from (Compa	nv Name).			
	л потп (Сотпра: ————	пу маше).			
12) Order Dat	e: (If not known, p	lease approximate	with the month an	d year.)	
Mould you like	to register and	other NIST SRM	10		
	to register and	MIEL MIST SKIM	1.5		
Yes					
No					

A (12) designates the twelfth SRM you are registering. Fields with an asterisk (*) are required.

(12) Purchase Informa (12) Order Date				
(MM/DD/YYYY):				
(12) NIST Sales Order Number:				
(12) Customer Purchase Order:				
Would you like to regi	ster another NI	ST SRM?		
Yes				
No				

A (13) designates the thirteenth SRM you are registering. Fields with an asterisk (*) are required.

L3) SRM Number	ormation			
urchased:				
.3) Lot Number (if vailable):				
.3) Serial Number (if vailable):				
13) What is the int	ended use of th	nis SRM to your	work?	
urchased directly	from NIST?			
Yes				
No				

A (13) designates the thirteenth SRM you are registering. Fields with an asterisk (*) are required.
* (13) Purchased from (Company Name):
* (13) Order Date: (If not known, please approximate with the month and year.)
* You have reached your SRM limit for this registration form. Click "Submit Registration" and then click "Continue" to confirm and complete your registration. If you have additional SRMs to register, please open up a new registration form. The SRM Registration System link is provided on the next page.
Submit Registration

A (13) designates the thirteenth SRM you are registering. Fields with an asterisk (*) are required.

* ⁽¹³⁾ Purchase Informa	ition (NIST)			
(13) Order Date (MM/DD/YYYY):				
(13) NIST Sales Order Number:				
(13) Customer Purchase Order:				
"Submit" to confirm a	and complete your regi	istration. If you have	Click "Submit Registra additional SRMs to regi covided on the next page	ster, please open up
Submit Registration				