



G11-M REGISTRATION as a <u>METROLOGIST</u>					(Radio Frequency - RF)	
Practical Calibration Tasks & Requirements.				Evidence of successfully completed tasks in a laboratory: Reference to ONE (1) Calibration <u>per task</u> to be entered. Reference to participation in <u>ONE</u> (1) ILC is mandatory. Data entered shall preferably not be older than <u>5 years</u> . (When supplying evidence of tasks/certificates, please use number on left below to identify the task/certificate).		
Number of Years of Experience in <u>Radio Frequency</u> Metrology		Please Submit Evidence				
Registered as a "Trainee Metrologist" (If yes state registration number)						
Holder of a SANAS Radio Frequency Certificate of Competence	Y	N				
Successful completion of NLA Radio Frequency Exam	Y	N				
No	Calibration Tasks (Add additional supporting tasks if desired)	Equipment Model	Cert No	<i>(for Office use only)</i>	Participated ILC (Details or Report No.)	<i>(for Office use only)</i>
	The following 4 tasks are required:					
1	Calibration of a Power Sensor					
2	Calibration of a Fixed Attenuator					
3	Calibration of a Step Attenuator					
4	Calibration Voltage Reflection Coefficient of a Termination					
▶ Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation ◀						
I hereby declare that the above information is a true reflection of my experience. Name: _____ Signature: _____ Date: _____				Application is supported by Head of Lab or Registered Metrologist Name: _____ Signature: _____ Position: _____		



G11-E REGISTRATION as an <u>EXPERT METROLOGIST</u>					(Radio Frequency - RF)		
Practical Calibration Tasks & Requirements.				Evidence of successfully completed tasks in a laboratory: Reference to ONE (1) Calibration <u>per task</u> to be entered. Reference to participation in <u>ONE</u> (1) ILC is mandatory. Data entered shall preferably not be older than <u>5 years</u> . (When supplying evidence of tasks/certificates, please use number on left below to identify the task/certificate).			
Number of Years of Experience in <u>Radio Frequency</u> Metrology							Please Submit Evidence
Registered as a "Radio Frequency Metrologist" <i>(If yes state registration number)</i>							
Successful completion of NLA Radio Frequency Exam		Y	N				
All tasks for RF Metrologist Level (See Form G11-M) completed		Y	N				
No	Calibration Tasks. (Add additional supporting tasks if desired)	Equipment Model	Cert No	(for Office use only)	*Participated ILC (Details or Report No.)	(for Office use only)	
	At least 5 of the following 7 tasks are required:						
1	Calibration of a Modulation Meter - (AM, FM, QM, etc.)						
2	Calibration of a Spectrum Analysers						
3	Calibration of a Return Loss Bridge or Directional Coupler						
4	Calibration of Power Splitters						
5	Demonstrate an understanding of the use of a Scalar or Vector Network Analyser						
6	Calibration of a RF Millivolt Meters						
7	Calibration of 75 Ω Devices						
8							
9							
10							
▶ Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation ◀							
I hereby declare that the above information is a true reflection of my experience. Name: _____ Signature: _____ Date: _____				Application is supported by Head of Lab or Registered Expert Metrologist Name: _____ Signature: _____ Position: _____			