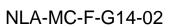
METCERT ACOUSTICS METROLOGY APPLICATION FORM

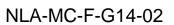




G14-M REGISTRATION as a <u>METROLOGIST</u>						(Acoustics)					
Practical Calibration Tasks & Requirements.					Evidence of successfully completed tasks in a laboratory:						
Number of Years of Experience in Acoustics Metrology			Please Submit Evidence		Reference to ONE (1) Calibration per task to be entered.						
Registered as a "Trainee Metrologist" (If yes state registration number)					Reference to participation in <u>ONE</u> (1) ILC is mandatory. Data entered shall preferably not be older than 5 years.						
Holder of a SANAS Certificate of Competence in Acoustics Metrology			Υ	N		(When supplying evidence of tasks/certificates, pleasonumber on left below to identify the task/certificates)					
Successful completion of NLA DCLF level 1 Exam			Υ	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)		
	The following 5 tasks are required:										
1	Maintaining Acoustic laboratory instrumentation										
2	Conformity Testing of Sound Level Meters										
3	Conformity Testing of Sound Calibrators Conformity Testing of Personal Sound Exposure Meters										
4											
5	Conformity Testing of 1/1 and Fractional Octave Band Filters										
6											
7											
8											
9											
10											
>	Data including a detailed calculation of the Uncertainty of Measurements mu	st b	e sı	ubmitted	l for at least on	e of the certific	cates sub	mitted for evaluation	on ◀		
I hereby declare that the above information is a true reflection of my experience.				Appli	Application is supported by Head of Lab or Registered Metrologist						
Name: Signature:			Na	me:	Signature:						
Date:			Pos	sition:							

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METCERT ACOUSTICS METROLOGY APPLICATION FORM





G14-E REGISTRATION as an <u>EXPERT METROLOGIST</u>						(Acoustics)						
Practical Calibration Tasks & Requirements.					Evidence of successfully completed tasks in a laboratory:							
Number of Years of Experience in Acoustics of Metrology				9	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> .							
Registered as a "Acoustics Metrologist" (If yes state registration number)				it ce								
All tasks Acoustics Metrologist Level (See Form G14-M) completed					(When sup	/certificates, please ι the task/certificate).						
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)			
	The following 3 tasks are required:											
1	Calibration of Working Standard Microphones											
2	Calibration of Reference Sound Sources	rces										
3	Calibration of Microphones for Modulus and Frequency Response											
4	Realising NMS for Sound Pressure in Air (Optional)											
7												
8												
9												
•	Data including a detailed calculation of the Uncertainty of Measurements m	ust l	oe subn	nitted	for at least on	e of the certifi	cates sub	mitted for evaluation	on ◀			
I hereby declare that the above information is a true reflection of my experience.					Application is supported by Head of Lab or Registered Metrologist							
Name: Signature:												
Date:			Positio	n:								

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