



<b>G19-M REGISTRATION as a <u>METROLOGIST</u></b>					<b>(Volume)</b>		
<b>Practical Calibration Tasks &amp; Requirements.</b>				<b>Evidence of successfully completed tasks in a laboratory:</b> 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>Volume</u> of Metrology							Please Submit Evidence
Registered as a "Trainee Metrologist" (If yes state registration number)							
Holder of a SANAS Certificate of Competence in Volume		Y	N				
Successful completion of NLA Volume Exam		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)	
	<b>The following 4 tasks are required:</b>						
1	Calibration of a Digital Self Indicating Weighing Instrument (Typical Industrial Weighing Instrument)						
2	Calibration of Analytical Laboratory Digital Balance						
3	Gravimetric Measurement of Volume (Micro-Pipettes, including Calculation of Mass/Volume Corrections)						
4	Gravimetric Measurement of Volume (Volumetric Glassware, and/or Metal Measures, including Calculation of Mass/Volume Corrections)						
5							
6							
7							
8							
9							
<b>► Data including a detailed calculation of the Uncertainty of Measurements must be submitted for at least one of the certificates submitted for evaluation ◀</b>							
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: _____				



**G19-E REGISTRATION as an EXPERT METROLOGIST (Volume)**

<b>Practical Calibration Tasks &amp; Requirements.</b>			<b>Evidence of successfully completed tasks in a laboratory:</b> 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>Volume</u> of Metrology		Please Submit Evidence			
Registered as a "Volume Metrologist" (If yes state registration number)					
Successful completion of NLA Volume Exam	Y	N			
<b>All tasks</b> for Metrologist Level (See Form G19-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)
	(List all tasks motivating MetCert registration noting that these tasks should be at an advanced level of metrology)					
1						
2						
3						
4						
5						
6						
7						
8						
9						

► **Certificates and Data for all tasks including detailed calculation of the Uncertainty of Measurements must be available and submitted if requested** ◀

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:	Name:	Signature:
Date:		Position:	