



| <b>G21-M REGISTRATION as a <u>METROLOGIST</u></b>   |   |                 |         |   | <b>(Gas Flow)</b>                                       |                                      |                              |
|---|---|-----------------|---------|---|---|--------------------------------------|------------------------------|
| <b>Practical Calibration Tasks &amp; Requirements.</b>  |   |                 |         | <b>Evidence of successfully completed tasks in a laboratory:</b><br>Reference to ONE (1) Calibration <u>per task</u> to be entered.<br>Reference to participation in <u>ONE</u> (1) ILC is mandatory.<br>Data entered shall preferably not be older than <u>5 years</u> .<br>(When supplying evidence of tasks/certificates, please use number on left below to identify the task/certificate). |   |                                      |                              |
| Number of Years of Experience in <u>Gas flow</u> Metrology  |   |                 |         |   |   |                                      | Please<br>Submit<br>Evidence |
| Registered as a "Trainee Metrologist" <i>(If yes state registration number)</i>   |   |                 |         |   |   |                                      |                              |
| Holder of a SANAS Certificate of Competence in Gas Flow   |   | Y               | N       |   |   |                                      |                              |
| Successful completion of NLA Gas Flow Exam  |   | Y               | N       |   |   |                                      |                              |
| No  | Calibration Tasks <small>(Add additional supporting tasks if desired)</small> | Equipment Model | Cert No | <small>(for Office use only)</small>  | Participated ILC <small>(Details or Report No.)</small> | <small>(for Office use only)</small> |                              |
|   | (List all tasks motivating MetCert registration)                              |                 |         |   |   |                                      |                              |
| 1   |   |                 |         |   |   |                                      |                              |
| 2   |   |                 |         |   |   |                                      |                              |
| 3   |   |                 |         |   |   |                                      |                              |
| 4   |   |                 |         |   |   |                                      |                              |
| 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.<br><br>Name: _____ Signature: _____<br>Date: _____                               |   |                 |         | Application is supported by Head of Lab or Registered Metrologist<br><br>Name: _____ Signature: _____<br>Position: _____  |   |                                      |                              |



| <b>G21-E REGISTRATION as an <u>EXPERT METROLOGIST</u></b>   |  |                  |         |   | <b>(Gas Flow)</b>                         |                       |                              |
|---|--|------------------|---------|---|---|-----------------------|------------------------------|
| <b>Practical Calibration Tasks &amp; Requirements.</b>  |  |                  |         | <b>Evidence of successfully completed tasks in a laboratory:</b><br>Reference to ONE (1) Calibration <u>per task</u> to be entered.<br>Reference to participation in <u>ONE</u> (1) ILC is mandatory.<br>Data entered shall preferably not be older than <u>5 years</u> .<br>(When supplying evidence of tasks/certificates, please use number on left below to identify the task/certificate). |   |                       |                              |
| Number of Years of Experience in <b>Gas flow</b> Metrology  |  |                  |         |   |   |                       | Please<br>Submit<br>Evidence |
| Registered as a " Gas Flow Metrologist" (If yes state registration number)  |  |                  |         |   |   |                       |                              |
| Successful completion of NLA Gas flow Exam  |  | Y                | N       |   |   |                       |                              |
| <b>All tasks</b> for Metrologist Level (See Form G21-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   |  |                  |         |   |   |                       |                              |
|   |  |                  |         |   |   |                       |                              |
|   |  |                  |         |   |   |                       |                              |
| <b>► Certificates and Data for all tasks including detailed calculation of the Uncertainty of Measurements must be available and submitted if requested ◀</b> |  |                  |         |   |   |                       |                              |
| 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: _____   |   |                       |                              |