



| <b>G22-M REGISTRATION as a <u>METROLOGIST</u></b>   |  |                 |         |   | <b>(Liquid 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>Liquid 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 Liquid Flow  |  |                 | Y       |   |  |                       | N                            |  |
| Successful completion of NLA Liquid Flow 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) |                              |  |
|   | (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: _____  |  |                       |                              |  |



**G22-E REGISTRATION as an EXPERT METROLOGIST (Liquid Flow)**

|  |   |                        |   |  |  |
|--|---|------------------------|---|--|--|
| <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>Liquid Flow</u> Metrology                |   | Please Submit Evidence |   |  |  |
| Registered as a "Liquid Flow Metrologist" (If yes state registration number) |   |                        |   |  |  |
| Successful completion of NLA Metcert Liquid Flow Exam                        | Y | N                      |   |  |  |
| <b>All tasks</b> for Metrologist Level (See Form G22-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:   |            |