

# METCERT OTHER DISCIPLINE(S) METROLOGY APPLICATION FORM

NLA-MC-F-G23-01



<b>G23-M REGISTRATION as a <u>METROLOGIST</u></b>					<b>(As yet undefined Metrology Field)</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>the specific field</u> of Metrology										Please Submit Evidence	
Registered as a "Trainee Metrologist" (If yes state registration number)											
Holder of a SANAS Certificate of Competence in the field			Y	N							
Successful completion of NLA Exam in the specific field			Y	N							
No	Calibration Tasks (Add additional supporting tasks if desired)			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)										
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▶ <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: _____						



<b>G23-E REGISTRATION as an <u>EXPERT METROLOGIST</u> (As yet undefined Metrology Field)</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>the specific field</u> of Metrology							Please Submit Evidence
Registered as a "Metrologist" (If yes state registration number)							
Successful completion of NLA Exam in the specific field		Y	N				
<b>All tasks</b> compulsory for Metrologist Level (See Form G23-M) completed		Y	N				
<b>No Calibration Tasks.</b> (Add additional supporting tasks if desired)				<b>Equipment Model</b>	<b>Cert No</b>	<i>(for Office use only)</i>	
(List all tasks motivating MetCert registration noting that these tasks should be at an advanced level of metrology)							
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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:			