



**Australian Government**  
**National Measurement**  
**Institute**

**Application for Appointment/Reappointment as a  
Certifying Authority for Reference Materials**

Note: Use attachments when necessary

(1) Details of applicant (organisation)

Name.....

Australian business number (ABN).....

Registered or street address .....

.....

Postal address (if different).....

.....

Telephone ..... Facsimile .....

Email.....

(2) Nominated contact

Name.....

Contact address (if different from above).....

.....

Direct telephone (if different from above).....

Direct facsimile (if different from above) .....

Direct email (if different from above) .....

(3) Under the provisions of which law(s) of the Commonwealth, a State or Territory are you required to certify reference materials?

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- (4) Date and scope of your last appointment as a certifying authority for reference materials – if any (append a copy of the instrument of appointment including its schedule)

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- (5) Detail the codes or approved methods used (or proposed) for certification in each category of reference materials requested

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- (6) Are you cognisant of, and able to comply with, the requirements of the National Measurement Act, its Regulations and Guidelines, and the conditions determined and set by the Chief Metrologist for the certification of reference materials?

Yes

No

- (7) Provide details of the categories and range of reference materials that you propose to certify and your associated least uncertainties of measurement

Reference material	Type and range of properties	Least uncertainty

- (8) Are the least uncertainties calculated in accordance with the requirements of the National Measurement Act, its Regulation and Guidelines, and the conditions determined and set by the Chief Metrologist, in particular, compliance with the provisions of the ISO Guide to the Expression of Uncertainty in Measurement?

Yes

No

If the answer is No, please detail the analysis used

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(9) Number of measuring instruments you expect to certify each year.....

(10) Briefly describe the facility and its work – include any information relevant to this appointment

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Location of facilities if different from above (if portable state usual location)

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Is the laboratory air-conditioned?

- Yes
- No

Is the laboratory temperature controlled?

- Yes
- No

Is the relative humidity controlled in the laboratory?

- Yes
- No

Is a detailed register of equipment maintained?

- Yes
- No

If the answer is Yes, what form does this register take?.....

List all equipment used for the verification of reference standards of measurement in each category of certifying authority requested

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(11) Details of standards maintained

List all the standards you maintain for the certification of measuring instruments in each category of certifying authority status requested

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.....

Supply details of, and include copies of certificates of, the most recent verification of the standards you use by an appropriate authority, for each category of certifying authority status applied for

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Is a detailed register of standards maintained?

Yes

No

If the answer is Yes, what form does this register take?.....

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(12) NATA accreditation

Accreditation number .....

Details of your terms of accreditation

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Date of last change to your terms of accreditation .....

Details of all relevant staff, including name, position, qualifications, experience and confirmation of those who are NATA signatories

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(13) Details of certification staff

Please supply the following details of all the staff responsible for certifying reference materials and indicate the staff member in charge of certifying reference materials and their deputy

Name.....

Position held .....

Qualifications.....

Experience .....

Immediate supervisor.....

Which staff members are delegated to sign certificates issued under your application for certifying authority status

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(14) Declaration

I declare that the information supplied herewith is to the best of my knowledge, information and belief, true and complete.

I am cognisant of, and able to comply with, the requirements of the National Measurement Act, its Regulation and Guidelines, and the conditions determined and set by the Chief Metrologist for certifying authorities.

In making this application I agree to the National Association of Testing Authorities giving NMI such information about the applicant as the Chief Metrologist deems necessary for consideration of this application.

Pursuant to Regulation 73 of the National Measurement Regulations in accordance with the National Measurement Act and the conditions of appointment, I the undersigned apply for appointment (or reappointment) as a certifying authority, empowered to certify reference materials. I undertake to comply with the conditions of appointment and inform the Chief Metrologist when any significant change in circumstances or arrangements occurs.

Signed on behalf of the applicant .....Date .....

Name..... Position held .....