

**Legal Metrology**

**Assessment Services 2020**

**VR-01**

**APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Verification Officer:** | **Examination** | | | | | | | | |  | | **Re-examination** | | | | | | | | |  |
|  | **Practical Evaluation** | | | | | | | | |  | | **Re-issue VO Certificate** | | | | | | | | |  |
|  | **Verification Officer** | | | | | | | | |  | | **Repairer** | | | | | | | | |  |
| **Name:** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **Surname:** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **I.D. number:** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **Race/Gender** | **\*W** |  | **A** | |  | **I** | | |  | | **C** | |  |  | | **M** |  | | **F** |  | |
| **Certificate Number:** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **Name of Designated body:** |  | | | | | | | | | | | | | | | | | | | | |
| **Co Representative:** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **Type of application** | **New scope** | | | | | | | | |  | | **Extension of scope** | | | | | | | | |  |
| **Categories applying for:** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **Indicate existing categories** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
|  |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **Telephone (W)** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **Telephone (C)** |  |  |  | |  |  | | |  | |  | |  |  | |  |  | |  |  | |
| **Physical Address (certificate to be couriered to)** |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Postal Address** |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Subject required:**  **(e.g. Digital scale, LFD or Meters)** |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Qualification Required:** | **Volume** | | |  | | | | **Length** | | | |  | | | **Mass** | | |  | | | |
| **Supply more details:** |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| **Date of Exam :** |  | | | | | | | | | | | | | | | | | | | | |
| **Regional Office:**  (Pretoria, Bloemfontein,  Durban, Port Elizabeth, Cape Town) |  | | | | | | **Examiner:** | | | | |  | | | | | | | | | |

**Terms and Conditions:**

**Does this appointment meet the BBBEE transformation requirements of the laboratory?**

Yes No If “Yes” proof may be requested. If No, make a written submission on a laboratory letterhead why application should be considered.

Has the necessary In-house training been completed?

Yes No If “Yes” proof may be requested.

* Applications must be submitted not later than the first Friday of the month in which the exams will be scheduled
* Applicants must be “employed”\* by an accredited laboratory and a letter of employment must be attached.
* All fields of the questionnaire MUST be completed in full.
* Prospective verification officers MUST sign the declaration at the bottom otherwise the application will be null and void
* The minimum pass-mark for theoretical exam is 70%.
* If 54 % and below is obtained an application for a re-write will only be granted after three (3) months.
* The minimum pass-mark for practical evaluation is 80%.
* The time limit to complete both theory and practical in order to quality as a Verification Officer is 24-months. Arrangements can be made for disabled employees or to provide for recognition of prior learning.
* Verification Laboratory can apply for **Verbal examination** only if the Trainee VO has a learning difficulty and he or she has been in the employment of the Laboratory for more than five years and he or she has tried to write for more than three times and he/she failed but he or she has an experience and have been in involved with the Verification activities. This will only be done in Pretoria.
* You are entitled to lodge an appeal should you not be in agreement with the assessor’s decision. The categories of appeals where a learner alleges that he/she has been treated unfairly include:
  + Inappropriate assessment instruments (e.g. incorrect paper written).
  + Inappropriate assessment procedure.
  + Disagreement over assessment results.
  + Poor quality of feedback.
  + Inappropriate facilitator/examiner conduct.

Costs entailed: (Please tick √)

|  |  |  |
| --- | --- | --- |
| **Theoretical Examination:** | **Cost** (Per paper) | **√** |
| VO Examination | R600.03 |  |
| Re-examination | R600.03 |  |
|  |  |  |
| **Practical Examination:** |  |  |
| Practical Evaluation | R632,55(per hour) |  |
|  |  |  |
| **Certificate:** |  |  |
| VO Certificate | R262.25 |  |
| Re-issue of certificate | R262.25 |  |
|  |  |  |
| **Kilometer** | R4.77 (per km) |  |
| **Miscellaneous (Courier Service)** | R100.00 |  |
| Legal Metrology Act Training | R8076.00 |  |
|  | | |
| **NRCS Banking Details:** | | |
| ***National Regulator for Compulsory Specifications***  Bank: ABSA  Branch Name: Brooklyn  Branch Code: 335345  Account No.: 4072161682  Please use your company name/JDE number as reference | | |

***Note***: As a reference please use your JDE account number issued by the NRCS. If you do not have a JDE number please utilize the Cash Account number, 217259 with your business name.

**DECLARATION**

I, ………………………………………..……….…….. accept the terms and conditions as set out above and will faithfully perform the duties of a Verification Officer into which I am about to enter and abide by the rules as stipulated in the Legal Metrology Act and regulations. I understand that I will be liable to b prosecuted should I fail to comply or contravene the act.

VO Signature: …………………………………………………. Date: …….. ……………………………………..

Lab. Representative: ………………………….……………….. Date: …….………………………………………

\*employed as defined in the Basic Conditions of Employment Act

W – White; A – African; I – Indian; C – Coloured; M – Male; F – Female

**FOR OFFICE USE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received |  |  | Subject | | Results |
|  |  |  | Act | |  |
| MASS | | | | | |
|  |  |  | Mass meters general | |  |
|  |  |  | SANS 1649 | |  |
|  |  |  | Other |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| VOLUME | | | | | |
|  |  |  | SANS 1650 | |  |
|  |  |  | SANS 1698 | |  |
|  |  |  | Liquid Meters | |  |
|  |  |  |  | |  |