



FEDERAL MINISTRY OF INDUSTRY, TRADE AND INVESTMENT

WEIGHTS AND MEASURES DEPARTMENT

OLD SECRETARIAT, GARKI AREA 1, ABUJA

NIGERIA

FOR WMD OFFICE USE ONLY

Received Date:

File No:

Officer:

Complete Yes / No

Date Acknowledgement letter sent:

(or application returned if incomplete)

APPLICATION FOR TYPE (PATTERN) APPROVAL

NOTE:

1. This application will not be processed until all relevant supporting documents are provided.
An on-site examination/initial verification may be required depending on the type of pattern.
2. The application Form is to be completed and sent to Director, Weights and Measures Department, Old Federal Secretariat, Area 1, Abuja
3. Submit information on means of sealing where no obvious instruction on sealing and removal of seal.
4. Please submit along certificate of Incorporation.
5. Please submit all technical/manuals pertaining to the device including maintenance, installation and testing
6. Please submit copy of pattern approval of the equipment from Country of Origin

Type of pattern approval application required:

New Certificate of
Approval

☐

Variation to an existing
Certificate of Approval

☐

Provisional Certificate Approval
(special conditions and additional fees
apply)

☐

Name of applicant (submitter):

Address:

State:

Office Telephone:..... Country:.....

Contact person: Position:

Email Address & Telephone No:

Name and address of manufacturer/Supplier: (if not submitter)

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DESCRIPTION OF EQUIPMENT:

Type (weights, measures, weighing & measuring equipment) e.g. clocking machine, gaming machine, ATM machine, Positive Displacement meter & Weighbridge

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.....

Make **Model**

Certificate/Application No.: (if approved/relevant).....

Function/Use of Equipment:

WEIGHING INSTRUMENT

Class:
Maximum Capacity: 1.....2..... 3
Verification Scale
Interval (e): 1.....2..... 3
Number of Verification
Scale Intervals (n): 1.....2..... 3
Scale Interval (d): (if Class II)
Minimum Capacity (Min):
Maximum Tare:
Indicator (Make/Model):
.....
Load Cell (Make/Model/No):
.....
Load Cell Capacity:
Number of Load Cells:
Cert No.:
(if application for variation to an existing Certificate
of Approval)
Other Features:
.....

LOAD CELLS (incorporated in weighing system)

Class:
Maximum Number of Verification
Scale Intervals (n):
Output Rating: mV/V
Input Impedance: Ω
Output Impedance: Ω
Supply Voltage Range
(excitation): V
Cable Length (nominal):
Number of Leads:
Bolt Torque (if applicable):
Other Features:
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LIQUID/MASS MEASURING INSTRUMENT

Class:
Display Capacity:
Display Interval:
Minimum Delivery:
Maximum Flowrate:
Minimum Flowrate:
Types of Liquid/product:
Flowmeter (Make/Model):
.....
Indicator (Make/Model):
.....
Pump (Make/Model):
Other Features:
.....
Air Eliminator (Make/Model):
Pulsar (Make/Model):
Temperature Compensation: YES/NO
Other Features:
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INDICATORS

Maximum Number of Verification
Scale Intervals e (n):
Fraction P:
Output Current Rating: mA
Output Impedance: Ω
Supply Voltage: V
Input Sensitivity: μ V
Maximum Number of Load Cells:
Maximum Number of Bases:
Range of Number of e:
Other Features:
.....
.....
.....

LENGTH MEASURING INSTRUMENTS

Class:.....
Maximum Capacity:
Minimum Measurable Length:
.....
Scale Interval:
Maximum Speed:
Product:

CONTINUOUS TOTALISING AUTOMATIC WEIGHING INSTRUMENTS

Class:.....
Continuous Totalisation Scale Interval (dt):
..... kg or t
Discontinuous Totalisation Scale Interval (dtd):
..... kg or t
Nominal Speed of the Belt Weigher (v):
..... m/s
Maximum Flowrate (Qmax):
..... kg/h or t/h
Minimum Flowrate (Qmin):
..... kg/h or t/h
Maximum Capacity (Max):
..... kg or t
Weigh Length (L):..... m

AREA MEASURING INSTRUMENTS

Maximum Measurable Area:
Scale Interval:

PACKERS

(Totaliser).....

OTHER CATEGORIES

(e.g. Weights, Measures of Length, Volume)

Nominal Values:.....
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Description of Instrument, including technical characteristics and intended application

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Parameters, functions and features, e.g. capacity, range, limits

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Description of other components/instruments not covered by the above:

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Intended purpose:

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List and description of variants applicable to this application:

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Are test results/overseas approvals submitted with this application? YES/NO

If YES, who is the legal metrology authority?

Is the authority a full member of OIML?

Are drawings and documentation being supplied with this application? YES/NO

Drawings:

Manuals:

Software

Overseas Approvals:

Test Results:

Photographs:

Brochures:

Other Information:

An on-site examination/initial verification may be required for this application?

If so, where is the on site location?

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NOTE:

All eligible cost incurred for the pattern approval certificate and testing to be adopted will be paid by the Applicant in accordance with section 9 of the Weights and Measures Regulations 1965 and the Legal Metrology & Related Service Regulation 2012

Terms and Conditions

..... the undersigned, hereby request that Measuring Device(s) with this document be examined and tested for their conformity to applicable requirements, in order to be approved and authorized for use in commercial transaction.

.....
Signature

.....
Date

.....
Name of signatory

.....
Position