

# SINGAPORE WEIGHTS AND MEASURES PROGRAMME – AUTHORISED VERIFIER SCHEME

## Application for Designation as Authorised Verifier

You may require about 10 minutes to fill in this form.

### 1. General Particulars

Name of Company / Organisation Seeking Designation:			Company Registration No.:
Address:			Postal Code:
Telephone Number:	Fax:	Handphone:	E-mail Address:
Managing Director's Name:			NRIC No.:

### 2. Inspection and Testing Facility

Testing Facility Address:		Postal Code:																		
Telephone Number:	Fax:																			
ISO 9000 Certification Number:	Issued By:	Date of Certification / Accreditation:																		
ISO/IEC 17025 Accreditation Number:																				
Quality Manager's Name / Quality Management Representative's Name																				
<b>Qualified Mechanics / Technicians Employed:</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">1. _____ (Name)</th> <th style="width: 33%; text-align: center;">_____ (NRIC No.)</th> <th style="width: 33%; text-align: center;">_____ (Educational Qualification)</th> </tr> </thead> <tbody> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			1. _____ (Name)	_____ (NRIC No.)	_____ (Educational Qualification)	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	6. _____	_____	_____
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2. _____	_____	_____																		
3. _____	_____	_____																		
4. _____	_____	_____																		
5. _____	_____	_____																		
6. _____	_____	_____																		

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**3. Type of Weighing/Measuring Instrument/Working Standard  
Verified/Calibrated**

(Please state whether mechanical or electronic and whether you are the sole agent, authorised dealer, etc for such instrument)

Type and Brand of Instrument	Capacity of Instrument

**4. Workshop/Testing Facilities**

(Please list out all the necessary tools and machineries, standard weights, measures, etc that are used for verification or proving)

Type	Capacity	Quantity

**Note:** Please submit the following documents (where applicable)

1. ☐ Application processing fee of \$500 made payable to “Enterprise Singapore”.
2. ☐ A copy of both sides of the applicant’s identity card.
3. ☐ A copy of the company’s Certification to ISO 9001 or Accreditation to ISO/IEC 17025 General Requirements for competence of testing and calibration laboratories.
4. ☐ A copy of the Quality Manual.
5. ☐ A copy of the Business Profile issued by the Accounting and Corporate Regulatory Authority (ACRA). Including the full financial statement.
6. ☐ The Organisation chart with information on its key personnel, certificates to attest the educational and professional qualification, criminal records and suspension records, if any.
7. ☐ Layout of testing facility.
8. ☐ A list of the required types and classes of standard weights or measures up to the maximum capacity of the instrument that the person intends to service for the purpose of verification, proving of the instrument to the required accuracy
9. ☐ A list of reference standards calibrated by National Metrology Centre, A\* Star

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**5. Declaration**

I .....(Name of Applicant), declare that the particulars stated in this application are correct to the best of my knowledge and I am aware that any false declaration on my part will result in the withdrawal as Authorised Verifier.

Fulfil all conditions and meet all requirements in accordance with the Weights and Measures Regulations for the Designation as Authorised Verifier under the Authorised Verifier Scheme.

Indemnify Enterprise Singapore from and against all liabilities, damages, claims, cost and expenses incurred or sustained by Enterprise Singapore as a result of any action taken by Enterprise Singapore relating to the designation as Authorised Verifier.

I also undertake to inform the Controller of Weights and Measures immediately of any change in particulars given in this application.

.....  
Applicant's Signature and Date

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Name and Designation

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