



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

| 1. General Particulars | | | | |
|--|-------------------------|----------------------|---------------------------|--|
| Name of Company / Organisation Seeking Designation: | | Company Registr | Company Registration No.: | |
| Address: | | Postal Code: | | |
| Telephone Number: | Handphone: | E-mail Address: | | |
| Fax: | | | | |
| Name of Managing Director: | | | | |
| 2. Inspection and Testing Facilit | у | | | |
| Testing Facility Address: | | | Postal Code: | |
| Telephone Number: | F | Fax (if applicable): | | |
| ISO 9001 Certification Number: | Issued By: | | Date of Certification: | |
| ISO/IEC 17025 Accreditation Number: | | | Date of Accreditation: | |
| Name of Quality Management Representative: | | | | |
| List of personnel conducting the verification (applicant may inform the WMO if there is more) | | | | |
| 1(Name) | | (Educationa | l Qualification) | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| | | | | |
| 5 | | | | |
| 3. Scope of application(Please tick the relevant scope you are application) | oplying for to be Autho | rised Verifier) | | |
| ☐ Non-automatic weighing instrument | | | | |
| ☐ Fuel dispensing pump | | | | |
| □ Volumetric flowmeter | | | | |
| ☐ Mass flowmeter | | | | |

The Weights and Measures Office (WMO) safeguards the interests of consumers and businesses by ensuring a uniform and accurate system of weights and measures in Singapore. The WMO is an office of the Competition and Consumer Commission of Singapore ("CCCS"), which is a statutory board of the Ministry of Trade and Industry.

WEIGHTS AND MEASURES OFFICE



4. List of supporting documents to be submitted

- a) A copy of the Company's Business Profile issued by the Accounting and Corporate Regulatory Authority (ACRA) and a most recent copy of audited financial statement.
- b) 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.
- c) A copy of the Company's organisation chart with information on its key personnel and reporting structure.
- d) Supporting documents for personnel who will be conducting the verification including educational and any other relevant certificates, criminal records and suspension records, if any. The applicant should also submit a brief description e.g., resume, describing relevant work experience of the personnel to further demonstrate his/her competency to conduct the verification or proving.
- e) A copy of the Company's quality management/control manual.
- f) Layout of the testing facility.
- g) A list of testing equipment that will be used for the verification or proving. The list should specify the Class (if applicable), capacity and last calibration date. The applicant should also provide the relevant calibration reports for the testing equipment. The testing equipment or reference standards shall be calibrated either by the National Metrology Centre, A*STAR or laboratories/set-ups accredited by Singapore Accreditation Council (SAC) or SAC's Mutual Recognition Arrangement (MRA) partners.
- h) A copy of the Conflict of Interest Declaration Form (refer to Chapter 5 of the AV Scheme information booklet).

| 5. | Declaration | | | |
|---|--|--|--|--|
| | I(Name of Applicant), eclare that the particulars stated in this application are correct to the best of my knowledge and I am aware that ny 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 f esignation as Authorised Verifier under the Authorised Verifier Scheme. | | | |
| Indemnify the Weights and Measures Office ¹ (WMO) from and against all liabilities, damages, claims, expenses incurred or sustained by the WMO as a result of any action taken by the WMO relating to the desas Authorised Verifier. | | | | |
| ç | I also undertake to inform the Controller of Weights and Measures immediately of any change in particulars given in this application. | | | |
| | | | | |
| Na | me and Designation Applicant's Signature and Date | | | |

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