



# OIML CERTIFICATION SYSTEM (OIML-CS)

## Associate Application Form

1. **Country:**

2. **Organization Details:**

Organization Name	Address	Contact Details	
		Name:	
		Tel:	
		E-mail:	

3. **Scope:**

Please detail below the categories of measuring instruments, the applicable OIML Recommendations and the Scheme(s) for which you will accept and utilize OIML Certificates and/or OIML type evaluation/test reports.

Measuring Instrument Category	OIML Recommendation	Scheme A / B	OIML MAA*
Taximeters	R 21:2007		
Active Electrical Energy Meters	R 46:2012		
Water Meters	R 49:2006		
	R 49:2013		
Continuous Totalisers	R 50:2014		
Automatic Catchweighers	R 51:2006		
Load cells	R 60:2000		
Automatic Gravimetric Filling Instruments	R 61:2004		
Heat Meters	R 75:2002		
Non-automatic Weighing Instruments	R 76:1992		
	R 76:2006		
Level Gauges for Stationary Storage Tanks	R 85:2008		
Vehicle Exhaust Emissions	R 99:2008		
Automatic Rail-weighbridges	R 106:2011		
Discontinuous Totalisers	R 107:2007		

Measuring Instrument Category	OIML Recommendation	Scheme A / B	OIML MAA*
Liquids other than Water	R 117:1995		
	R 117:2007		
Evidential Breath Analysers	R 126:2012		
Multi-dimensional Measuring Instruments	R 129:2000		
Automatic Instruments for Weighing Road Vehicles in Motion	R 134:2006		
Gas Meters	R 137:2012		
Compressed Gaseous Fuel systems for Vehicles	R 139:2014		

\* Any conditions for the acceptance of OIML MAA Certificates and/or type evaluation reports shall be specified here:

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**4. Additional National Requirements:**

Are there any additional national requirements?

Yes

No

If yes, please provide details in the table below.

Measuring Instrument Category	Name of Additional National Requirement	Requirements and applicable test procedure reference document*

\* a copy of each requirement and applicable test procedure reference document shall be submitted with this application form.

## 5. Associate Statement

I hereby confirm that the information provided above is true, complete and accurate, and that my organization will accept and utilize OIML Certificates and/or OIML type evaluation reports for the categories of measuring instruments detailed in section 4.

Name of Responsible person:

Date:

Position in organization:

Signature:

## 6. Corresponding Member Representative Endorsement

I endorse the application of the organization detailed in section 2 to be an Associate under the OIML-CS.

Name of the Corresponding  
Member Representative:

Date:

Member State:

Signature:

*End of Application Form*

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*For use by the Executive Secretary only*

**Executive Secretary Review:**

<b>Process stage</b>	<b>Information</b>	<b>Comments</b>
Date application received:		
Date of application review:		
Additional National Requirements:		
Application accepted:		
Date sent to Review Committee: <i>(if there are no Additional National Requirements application should be sent directly to the MC for approval)</i>		

**Review Committee:**

<b>Process stage</b>	<b>Information</b>	<b>Comments</b>
Date of review:		
Recommendation on need to conduct additional assessments for Test Laboratories that wish to perform tests according to these Additional National Requirements:		
Date sent to Management Committee:		

**Management Committee Approval:**

<b>Process stage</b>	<b>Information</b>	<b>Comments</b>
Date of review:		
Approve Associate:		
Date Associate notified:		
Date Associate signed the Declaration:		