



Date Received _____
(Office use only)

Application for Recertification as a Certified Metrologist

Name: _____ (Please print) Work phone: _____

Address: _____ Home phone: _____

_____ Fax: _____

_____ (City) (State) (Postal code) Email: _____

_____ (Country if not USA) Certified # _____

Certified Date _____

Knowledge Based Exams

Level 1 - 3D Portable Metrology

Level 1 - CMM Metrology

Performance Based Exams

Level 2 - CMM (Traditional)

Level 2 - PCMM (Articulating Arm)

Level 2 - PCMM (Laser Tracker)

Level 2 - PCMM (Handheld Scanner)

In making this application, I fully understand that it is a voluntary request to the Coordinate Metrology Society to review my background and experience for possible certification in accordance with requirements and criteria established by the Society. I authorize the Society to make inquiries regarding my character and professional qualifications by contacting the references named in this application.

Further, I understand and subscribe to the Code of Ethics of the Coordinate Metrology Society, with knowledge that any false statement or misrepresentation in this application may result in the denial or revocation of certification and the issuance of a complaint in violation of the Code of Ethics.

In consideration of CMS' acceptance and processing of this application, I agree to waive any and all claims of liability or responsibility against CMS and to indemnify and hold harmless CMS, its officers, committee members, employees, agents and representatives against any and all such injury, damages, or claims made by or on behalf of any persons, partnership, association, or corporation. I further acknowledge that CMS, its officers, committee members, employees, agents or representatives are not liable to me, or to any other person, partnership, association or corporation, in any way for any injury, damages or claims alleged to be based upon or arising out of the approval or disapproval or the issuance, withdrawal or termination of any certification issued by CMS.

(Applicant's Signature)

(Date)

I. PROFESSIONAL REFERENCES (Name at least two people, preferably CMS members, who are or who have held responsible positions in Metrology, who have a personal knowledge of your character and professional qualifications and have them upload an official reference form to <https://cmsc.org/cms-certification-application/> for processing.):

[1] _____ (Name) _____ (Address) _____ (Address) _____ (City) (State) (Postal Code)	[2] _____ (Name) _____ (Address) _____ (Address) _____ (City) (State) (Postal Code)
--	--

II. Professional Development Hours Evidence Record

Date	Activity Description	Documentary Evidence (Please provide evidence where appropriate)	Credit Value
Total Credit Value:			