FORM LD-1 (Rule 12 (1))



Application for licence as Dealer of weights, measures, weighing instruments and measuring instruments under the Standards of Weights and Measures (Enforcement) Act, 1985

To

| | | To be filled by the applicant | Comments of the inspecting officer |
|---|---|-------------------------------|------------------------------------|
| | (1) | (2) | (3) |
| 1 | Name of the establishment/shop/person seeking for the licence: | | |
| 2 | Complete address of the establishment | | |
| 3 | Date of establishment | | |
| 4 | Name(s) and address(es) of proprietor(s) and/or partners and Managing Director(s) in the case of Limited company: | | |
| 5 | Number and date of current Municipal Trade Licence: | | |
| 6 | Category of articles sold at present: | | |
| 7 | Sales Tax Registration Number : | | |
| 8 | Do you intend to import weights, etc. from places outside the State, if so, indicate sources of supply :(Give details of manufacturer's trade mark/monogram and his licence number) | | |
| 9 | Have you applied previously for repairer licence? If so, when and with what result? | | |

TO BE CERTIFIED BY THE APPLICANT

Certified that I/we have read the Standards of Weights and Measures (Enforcement) Act, 1985 and Standards of Weights and Measures (Enforcement) Rules, 1986 agree to abide by the same and also the administrative orders and instructions issued or to be issued there under.

I/We agree to deposit the schedules licnence fees with government as soon as required to do so by the licensing authority.

All the information furnished above is true to the best of my/our knowledge.

Place: Date:

Signature and Designation



TO BE FILLED IN BY DEPARTMENTAL OFFICER OF THE STATE GOVERNMENT

| Date of receipt of application : | | | | |
|---------------------------------------|-----|--|--|--|
| Date of inspection: | | | | |
| Recommendation of Inspecting Officer: | | | | |
| | Sig | gnature & Designation Inspecting Officer | | |
| | | | | |
| Final orders of licensing authority | | | | |
| Licence granted/refused | | | | |
| Licence Number | | | | |
| Valid till | | | | |
| | | | | |
| Place: | | | | |
| Date: | Sig | gnature & Designation | | |