

SCHEDULE-VA  
(See rule 12(1))  
FORM-LR-1

(Application Form for License as Repairers of Weights & Measures under the Standards of Weights and Measures (Enforcement) Act, 1985)

To be filled by	The applicants	Comments of the Inspection Officer
1.	Name of the repairing concern seeking the licence.	
2.	Complete address of the workshop.	
3.	(a) Whether premises are owned/rented/ taken on lease/ leave licence duly supported by documents	
	(b) Date of establishment	
4.	Name(s) and address(s) along with father's /husband's name of proprietor(s) and/or partners and Managing Director(s) in the case of Limited company.	
5.	Number and date of shop/establishment/ current Municipal Trade Licence.	
6.	Professional Tax/IT Tax registration number.	
7.	The type of Weights and measures proposed to repaired.	
8.	Area in which you wish to operate.	
9.	Previous experience in the line.	
10.	Number of skilled staff employed or proposed to be employed	
	(a) Skilled	
	(b) Semi-skilled	
	(c) Unskilled	

(d) Employees trained in the line

11. Details of machinery/tools/accessories available.

12. Availability of electric energy.

13. Have you sufficient stock of loan/test weights etc? Give details.

14. Have you applied previously for a repairer's licence? If so, when and with what results?

**To be certified by the applicant**

Certified that I/we have read the Standards of Weights and Measures Act, 1976, the Standards of Weights and Measures (Enforcement) Act, 1985 and the Delhi Standards of Weights and Measures (Enforcement) Rules 1988 and 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 scheduled licence 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:

Serial Number of application:

Date of inspection:

Recommendation of Inspecting Officer:

Place:

Date:

Signature and Designation of Inspecting Office

## **Final orders of Licensing Authority**

Licence granted/refused:

Licence Number:

Valid till:

Place:

Date:

Signature and Designation