

FORM-LM-IB

[See rule 9 (1)]

[Application form for Licence as Repairer of Weights or Measures under the Legal Metrology Act, 2009]

To,

(1)	To be filled by the applicants (2)	Comments of the inspecting Officer (3)
(1) Name of the concern seeking the licence.	
(2) Complete address of the workshop.	
(3) (a) Whether premises are owned/rented/taken. on lease dully supported by documents. (b) Date of establishment.	
(4) Name (s) and address (s) along with their 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 etc if any.	
(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: (i) Skilled (ii) Semi-skilled (iii) Unskilled (iv) 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(s)

Certified that I / We have read the Legal Metrology Act, 2009 and the Goa Legal Metrology Rules, 2011 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:

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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:

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Date:

Signature and Designation of Inspecting Officer

Final orders of Licencing Authority

Licence granted / refused :

Licence Number :

Valid till :

Place:

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Date:

Signature and Designation