

SCHEDULE - II

(See rule 4(1))

FORM-LR-1

(Application Form for License as Repairers of Weights & Measures under the Standards of Weights and Measures (Enforcement) Act, 1997)

Particulars	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 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, 1997 and the J & K Standards of Weights and Measures (Enforcement) Rules 2009 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

