SCHEDULE - II A

[See rule 11(1)]

FORM LD-1

[Application Form for licence as Dealer in Weights and Measures]

То

To be filled by the Applicant (1) Comments of the Inspecting Officer (2)

- Name of the establishment / shop/ person seeking the licence
- 2. Complete address of the establishment etc. :
- 3. Date of establishment
- Name(s) and address(s) Proprietors and/ or Partners and Managing Director(s) in the case of Limited company
- Number and date of Registration Number of : current shop / establishment / Municipal Trade Licence
- 6. Categories of weights and measures sold / : proposed to be sold at present
- Registration Number of Value Added Tax / :
 Central Sales Tax / Sales Tax /
 Professional Tax / Income Tax
- Do you intend to import weights, etc. from places outside the State / Country? If so indicate sources of supply. (Give details of manufacturer's trade mark/ monogram and his licence number) and provide
 - (a) Registration of Importer of Weights and Measures, if any:
 - (b) Approval of model imported into India by : Central Government
- 9. Have you applied previously for a dealer's : licence, either in this State or elsewhere? If so give details?

To be certified by the applicant (s)

Certified that I / We have read the Legal Metrology Act, 2009 (Central Act 1 of 2010) and the Tamil Nadu Legal Metrology (Enforcement) Rules, 2011 and agree to abide by the same and also the administrative orders and instructions issued or to be issued thereunder.

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 Off	icer :	
Place :		
Date :		Signature and Designation of Inspecting Officer
	Final Orders	of Licensing Authority
	i mai Orders	or Electioning Authority
Licence granted / refused	:	
Licence Number	:	
Valid till	:	
Place :		
Date :		Signature and Designation.