SCHEDULE - II B

[See rule 11(2)]

Form LR -2

[Application for renewal licence as Repairer of Weights and Measures]

То

| | | | To be filled by the Applicants (1)` | Comments of the. Inspecting Officer (2) |
|----|--|---|---|---|
| 1. | Name and complete address of the repairing concern / person seeking renewal of the licence | : | | |
| 2. | Repairer's Licence Number | : | | |
| 3. | 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 | : | | |
| 4. | Registration Number and date of current shop /establishment/Municipal Trade Licence | : | | |
| 5. | Registration Number of Value Added Tax / Sales Tax / Central Sales Tax / Professional Tax / Income Tax | : | | |
| 6. | (a)The Type of weights and measures repaired as per licence granted : | : | | |
| | (b) Do you propose any change | : | | |
| 7. | Area in which you are operating | : | | |
| 8. | Have you sufficient stock of loan / test weights, etc.? | : | | |
| 9. | Please give details with particulars of stamping | : | | |

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 there under.

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

Place:

Date :

Signature and Designation.