

## **SCHEDULE-VA**

(See rule 12(1))

### **FORM-LD-1**

(Application Form for License as Dealers in 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 establishment / shop / person seeking the licence.	
2.	(a) Complete address of the establishment / shop /person.	
	(b) Whether the premises are owned / rented / taken on lease/leave licence, duly supported by documents.	
3.	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 Registration Number of current shop/ Establishment/Municipal Trade Licence.	
6.	Categories of weights and measures sold/proposed to be sold at present.	
7.	Registration Number of CST/Sales Tax/Professional Tax/Income Tax.	
8.	Do you intend to import weights, etc from places outside the State/Country? If so, indicate sources of supply. (Give details of manufacturers trade Mark/monogram and his licence number)	
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**

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 fee 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