

### SCHEDULE-III

[See rule 4 (1)]

#### Form - LR - 1

Application form for licence as repairers

To,

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Sr. No.	Entry	To be Filled by the applicant	Comments of Inspection Officer
1	2	3	4
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 result ?

**To be certified by the applicant (s)**

Certified that I/We have read the Legal Metrology Act, 2009 and the Haryana 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.

I/We agree to deposit the Scheduled licence fees with Government as soon as required to do so by the Controller.

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

Place: .....

Dated: Signature and Designation

**To be filled in by Department Officer of the State Government**

Date of Receipt of Application:

Serial Number of Application:

Date of Inspection:

Recommendation of Inspecting Officer:

Place: .....

Dated: Signature and Designation of Inspecting Officer

## Final orders of Controller

Licence granted/refused:

Licence Number:

Valid till:

Place:

.....

Dated:

Signature and Designation