

GOVERNMENT OF MIZORAM
DEPARTMENT OF FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS
OFFICE OF THE CONTROLLER OF LEGAL METROLOGY
MIZORAM :: AIZAWL

FORM LR – 1

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| Attach 2 copies of recent passport size photo |
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*(Application form for **License as Repairer** in Weights & Measures
under the Legal Metrology Act, 2009)*

1. Name and full address of the Applicant
(in capital letters) : _____

2. Father's / Mother's Name : _____

3. Contact No. : _____

4. Identity Proof
(Aadhaar / EPIC / PAN Card No., etc.)
(photocopy to be attached) : _____

5. Name of Partner(s) / Managing Director(s)
in the case of Limited Company : _____

6. Name and full address of Workshop : _____

7. Whether premises are owned / rented /
taken on lease duly supported by
documents : _____

8. E-mail : _____

9. Date of establishment of Workshop : _____

10. Photograph of the Workshop premises should be attached along with this application.

11. Valid Trade License No. & Date
(photocopy to be attached) : _____

12. Types of Weights & Measures proposed
to be repaired : _____

13. Valid GST Registration No. & Date
(photocopy to be attached) : _____

14. Previous experience in the line : _____

15. Any training certificate of repairing of
Weights or Measures from Government
Agency or Private Company, etc.
(photocopy to be attached) : _____

16. Number of skilled staff employed or proposed to be employed

(i) Skilled : _____

(ii) Semi-skilled : _____

(iii) Employees trained in the line : _____

17. Details of machinery / tools /
accessories available : _____

18. Availability of electric energy : _____

19. Do you have sufficient stock of loan /
test weights, etc.? : Yes / No

If yes, give details : _____

20. Have you applied previously for
a repairer's license? : Yes / No

If yes, When and with what results? : _____

To be certified by the applicant(s)

Certified that I / we have read the Legal Metrology Act, 2009 and the Mizoram Legal Metrology (Enforcement) Rules, 2010 and agree to abide by the same and also the administration orders and instructions issued or to be issued there under.

I / We agree to deposit the scheduled license 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 and belief.

Place : _____

Date : _____

(Signature of the Applicant)