

**SCHEDULE-IIA**

[see rule 11(1)]

**Form LD-1**

[Application Form for licence as **Dealer** in Weights & Measures under the  
Legal Metrology Act, 2009]

To,  
The Assistant Controller,  
Legal Metrology,  
\_\_\_\_\_

Sr.No.	To be filled by the applicant	Comments of the inspecting officer
1	2	3
1. Name of the establishment/shop /person seeking the licence.	-----	-----
2. Complete address of the establishment etc.	-----	-----
3. Date of establishment.	-----	-----
4. Name (s) and address (s) of proprietors 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 VAT/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 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 and the Uttar Pradesh Legal Metrology (Enforcement) Rule, 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 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 officer

**Final orders of Licencing Authority**

Licence granted/refused :  
 Licence Number :  
 Valid till :

Place : -----  
 Date : Signature and Designation