



Central Bureau of Weights  
and Measures/  
Branch Bureau of Weights  
and Measures

**Form of Notifying Business Operation of  
Manufacture, Import, Sale or Repair of  
Measuring Instruments, and  
Providing Service of Weighing**

For Competent Official  
Notifying Form No.....  
Date of Receipt.....  
Receiver.....

**A. Submission of Notifying Form**

To.....

I notify the business operation under the Measurement Act, B.E. 2542 (1999) as follows:

Name of Person Who Notifies.....

Place of Business Operation Located at No....., Village No....., Alley/Lane..... Road.....,  
Sub-district/Sub-area....., District/Area....., Province....., Postal Code.....,  
Telephone....., Facsimile.....

**Having Intention to Proceed to**

Run Business of  Manufacture  Import  Sale  Repair

Providing Service of Weighing

Category  Weighing Machine  Volume Measuring Tool  Measurer

Type.....

**Information and Documents or Evidence Supporting Notification**

(1) Number of Factory Operation Permit (For Manufacturer) .....

(2) Number of House Registration of Person Who Notifies (In Case of Person Who Notifies being Ordinary Person) .....

(3) Number of House Registration of Place of Business Operation.....

(4) Name and Registration Number of Juristic Person (In Case of Person Who Notifies being Juristic Person) .....

(5) Number of Certificate of Business Operation (In Case of Notifying Business Operation for the Following Year).....

Copy of Report on Result of Inspection of Accuracy of Measurement Standard and List of Tools and Equipment (As for Manufacturer, Importer, Repairer)

Copy of Evidence Showing Ownership or Possession Right of Place Used as Place of Business Operation or Letter of Consent to Use Building

Power of Attorney (If any) together with Specifying Identification Numbers of Grantor and Grantee

Letter of Consent to Allow Competent Official to Access to Information under (1) – (5) for Benefit of Inspection

I hereby certify that the facts specified in this notifying form, supporting information and documents or evidence above are correct and true in all respects.

(Affixing of Juristic Person's Seal)

(Signed)..... Person Who Notifies

(.....)

Date.....Month.....B.E. ....

**B. Consideration of Competent Official**

Opinion.....  
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.....  
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(Signed).....  
(.....)  
Rank.....  
Date.....Month.....B.E. ....

Opinion.....  
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.....  
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(Signed).....  
(.....)  
Rank.....  
Date.....Month.....B.E. ....