Form ChorVor. 17-203

Application for Certificate Substitute in Completion of Measurement Training

Part 1 Submission of Application

To The Director-General of the Department of Internal Trade	
I wish to file this application for a certificate substitution in the completion	n of
measurement training, as follows:	
Name of Applicant	
Residence located at No, Village, Alley/Lane, Road,	,
Sub-district/Sub-area, District/Area, Province, Postal Code	
Telephone, Facsimile, E-mail	
I have an intention to	
obtain the certificate substitution in the completion of measurement training in	the
number ofone (s)	
Course Training in Business Operation in respect of Manufacture of Measuring Instrument	ents
☐ Training in Business Operation in respect of Import of Measuring Instrume	nts
☐ Training in Business Operation in respect of Repair of Measuring Instrumer	nts
due to \square loss \square destruction	
Information and Supporting Documents or Evidence	
(1) Number of Identity Card \square - \square \square \square - \square \square \square - \square - \square	
(2) Power of Attorney (if any) together with copies of identity card as certified by a gra	ntor
and an attorney in the number ofone (s)	
I hereby certify that the facts as specified in this application and the abinformation and supporting documents or evidence are correct and true in all respects.	
(Signature)(ant

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