Form ChorVor. 17-003



Central Bureau of Weights and Measures/ Branch Bureau of Weights and Measures Application for Substitute for Certificate of Business Operation of Manufacture, Import, Sale or Repair of Measuring Instruments, and Providing Service of Weighing

For Competent Official
Application No
Date of Receipt
Receiver

and Measures			
A. Submission of Application			
То			
I submit an ap	plication for a substitute for the certificate of business operation under		
the Measurement Act, B.E. 2542 (1999) as follows:			
Name of Applicant			
Place of Business Operation Located at No, Village No, Alley/Lane			
Sub-district/Sub-area	, District/Area, Province, Postal Code,		
Telephone	, Facsimile		
Being a Business Operato	or of \square Manufacture \square Import \square Sale \square Repair		
	Providing Service of Weighing		
Category	☐ Weighing Machine ☐ Volume Measuring Tool ☐ Measurer		
Туре			
Documents or Evidence Supporting Application			
☐ Police Report			
☐ Letter of Confirming Loss			
Others			
I hereby certify that the facts specified in this application and supporting documents or			
evidence above are correct and true in all respects.			
(Affixing of Juristic Person's Seal)			
	(Signed) Applicant		
	()		
	DateMonthB.E		

Application	No
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B. Consideration of Competent Official		
Opinion		
	(Signed)	
	()	
	Rank	
	DateB.EB.E.	
Opinion		
	(Signed)	
	()	
	Rank	
	DateB.EB.E.	