



Trinidad and Tobago
Bureau of Standards

APPLICATION FOR REGISTRATION AND CERTIFICATION

RC- 001

Fill all information in Block Letters; use the words 'Not Applicable' in sections not applicable to you.

1. Applicant Information

Name of Business / Trader	
Business Address	
Business Telephone No.	
Business Fax No.	
Business Registration No.	
Vat Registration No.	
Website Address	
E-mail Address	
Contact Person	
Job Title	
Mobile No.	

2. Scope of Registration (Please indicate with an **X**)

Scope of Registration	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Importing	<input type="checkbox"/> Selling	<input type="checkbox"/> Assembling
	<input type="checkbox"/> Exporting	<input type="checkbox"/> Repairing	<input type="checkbox"/> Adjusting	<input type="checkbox"/> Calibrating

3. Measurement Areas (Please indicate with an **X**) and describe "Other" if selected.

Measuring Devices	<input type="checkbox"/> Weighing	<input type="checkbox"/> Volume	<input type="checkbox"/> Length
	<input type="checkbox"/> Other		



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For Official Use Only

Reference No. _____

Comments: _____

Checked by: _____

Date: _____

Approved By: _____

Date: _____

Submit completed Application Form

Trinidad and Tobago Bureau of Standards
1-2 Century Drive,
Trincity Industrial Estate, Macoya,
TUNAPUNA

Tel.: 662-TTBS (8827)
Fax: 663-4335
E-mail: metrologyact2004.register@ttbs.org.tt
Website: www.ttbs.org.tt