



Application for Pattern Approval of a Measuring Device

TTBS-20170327 REV 0

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(Fill all information in Block Letters) **This form is for the approval of one pattern only.**

1. Applicant Information

Name of Business/Importer:			
Business/Importer Address:			
Company's Registration No.:			
Vat Registration No.:			
Telephone No.:		Fax No.:	
Website Address:			
E-mail Address:			
Contact Person:		Mobile No.:	
Job Title:			

2. Description of Measuring Device

Type of Measuring Device:	Weighing		Volume		Length		Other	
Manufacturer of Device:								
Model Name:								
Model No(s):								
Maximum Capacity:								
Country of Origin								
Manufacturer's Address								
Additional Information								

3. Documentation Submitted With Application

 (For the items 1 - 3, enter Y or N).

1. Specifications		2. Operational Instruction		3. Brochures	
4. Other Information (Please specify)					

4. Exemption from depositing a device

 (submit Certificate of Approval of the pattern)

Certificate of Pattern Approval No.:	
Date of Pattern Approval:	
Recognised Approval Body:	

Applicant's Name	Signature	Date (YYYY-MM-DD)



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For Official Use Only

Reference No. _____

Pattern Approved? Y/N _____

Comments: _____

Fees paid: \$ _____

Receipt No.: _____

Point of Payment: _____

Date: _____

Checked by: _____

Date: _____

Approved By: _____

Date: _____

Submit completed Application Form to:

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

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