

**APPLICATION FOR**

**REGULATORY MARKS**

**In terms of Regulation 134(2); 135(6); 136(2)**

|  |  |
| --- | --- |
| **Name of laboratory:** |  |
| **Physical Address:** |  |
| **Designation no:** |  |
|  |  |
| **Postal Address:** |  |
|  |  |
|  |  |
| **Lab. Representative:** |  |
| **Telephone Number:** |  |
| **Fax Number:** |  |
| **e-Mail:** |  |
| **Date of application:** |  |

Tick block/s to indicate what is used by your laboratory:

1. Verification stickers
2. Sealing pliers
3. Sealing stickers
4. Protective Mark
5. Repair Mark
6. Repair sticker

For the purpose of approval of the respective marks or design a sample must be attached in electronic as well as the physical format