

**WEIGHTS AND MEASURES AGENCY**

**P.O BOX 313 DAR ES SALAAM**



**FORM D**

**FORM OF CERTIFICATE TO BE USED BY A PUMP MECHANIC**

**AFTER SEALING OR RE- SEALING**

**(Made under Regulation 12(d))**

Company employing mechanic: .....

I hereby certify that the under- mentioned liquid measuring pump has been

\*Erected                      Adjusted                      Repaired

(\*Delete where not applicable)

By me and sealed with my seal No. ....

Name of user of pump: .....

Location: .....

Make and type of pump: .....

Serial No: .....

Date of sealing: .....

I further certify that the above pump was fully tested against approved stamped measures and found correct within the permitted limits of error before sealing.

Signature:.....      Certificate of Authorization No: .....

I/We .....

Being the user(s) for trade purposes of the liquid measuring pump described above, which has been sealed / re-sealed by the pump mechanic, request the Inspector of Weights and Measures that arrangements may be made for its verification.

Date: .....                      Signature .....

ORIGINAL: To be forwarded to the Regional Manager, Weights and Measures Agency.

Name of WMA Regional office: .....

P.O Box: .....