



MINISTRY OF INDUSTRY, TRADE AND TOURISM

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NATIONAL TRADE MEASUREMENT DECREE 1989

APPLICATION FOR FIJI PATTERN APPROVAL CERTIFICATE (*Regulation 92(2)*)

Type of Certificate required: _____

Name of Submitter: _____

Address: _____

Type of Instrument (model, capacity etc.):

Brief Description of Instrument:

Brief Description of Variant(s):

Examination Site:

I _____ (name) hereby agree to the conditions outlined in document 6 and agree to pay the appropriate fees.

Name of Signatory: _____

Phone Contact: _____

Signature: _____

Date: _____

The application should be forwarded to:

The Officer-in-Charge

Department of National Trade Measurement & Standards

P.O. Box 2118

Government Buildings

Suva

Fiji.

6 Goodenough Street, Suva (Level 1, Tabatolu House)