STATE OF MONTANA WEIGHTS & MEASURES
PO BOX 200516 HELENA MT 59620-0516
PHONE (406)443-8065 FAX (406)443-8163

PLACING IN SERVICE REPORT
WEIGHING DEVICES

Date_____

Device Owner/User_____

Address _____

_____

Phone contact & number _____

Device Make _____ Pound Capacity_____

Reason for Service call
- ☐ New Installation
- ☐ Rejected Device Tag #_____
- ☐ Other (explain below)

Work performed/reason for service call:

_____

_____

FOR SCALES WITH WEIGHING, LOAD RECEIVING, AND INDICATING ELEMENT IN SINGLE HOUSING:

NTEP C of C _____

Serial number(s)_____ (attach separate page if needed)

FOR ALL OTHER SCALE TYPES:

	NTEP C of C	SERIAL NUMBER
Indicator	_____	_____
Weighing Element	_____	_____
Load Cell(s)	_____	_____

NOTE: A SCALE TEST REPORT MUST ACCOMPANY ALL PLACING IN SERVICE REPORTS FOR SCALES WITH A CAPACITY GREATER THAN 8,000 POUNDS.

This is to certify that I have repaired, maintained or installed and left as correct the above-described device(s)

_____	_____	_____
Registered Service Person	Permit Number	Company Represented

Spisr5/6/09. 6/3/15