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

## PLACING IN SERVICE REPORT MEASURING DEVICES

							Date _		
Devi	ce Owner/Us	ser							
Addr	ess								
Towr	1					Phone _			
Device Make			Model Number						
Reason for Service Call:									
Reason	or Service (		<ul><li>New Installation</li><li>Rejected Device Tag #</li></ul>				(attached)		
		_	☐ Maintenance/Recalibration						
		_	☐ Other (explain below)						
Work Performed									
PUMP OR TRCK #	SERIAL NUMBER	PRODUCT	FINAL ERROR (+/-)	$\prod$	PUMP OR TRCK #	SERIAL NUMBER	PRODUCT	FINAL ERROR (+/-)	
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This is to ce	ertify that I ha	ave repaired, r	maintained or inst	:alle	d and left as	correct the a	bove described	d device(s).	
Registered Service Person  over or test measure serial number(s) & year o				Permit Number			Company Represented		