STATE OF MONTANA WEIGHTS & MEASURES PO BOX 200516 HELENA MT 59620-0516 PH (406) 841-2056 FAX (406) 841-2050

## PLACING IN SERVICE REPORT MEASURING DEVICES

						Date _	
Devi	ce Owner/U	ser					
Addr	ess						
Town		Phone					
Device Make			Mode	el Number			
Reason for Service Call:			New Installation				
D			Rejected Device			(attached)	
			Maintenance/Recalibration				
			Other (explain be	elow)			
Work Performed							
PUMP OR TRCK #	SERIAL NUMBER	PRODUCT	FINAL ERROR (+/-)	PUMP OR TRCK #	SERIAL NUMBER	PRODUCT	FINAL ERROR (+/-)

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

 Prover or test measure serial number(s) & year certified (form will not be accepted without this information)