## STATE OF MONTANA WEIGHTS & MEASURES

PO BOX 200516 HELENA MT 59620-0516 PHONE (406) **841-2056** FAX (406) **841-2050** 

## PLACING IN SERVICE REPORT WEIGHING DEVICES

Device Owner/User			e	
		_		
Device Make		Pound Cap	acity	
Reason for Service call	<ul><li>New Installation</li><li>Rejected Device Tag</li><li>Other (explain below)</li></ul>			
Work performed/reason f				_
FOR SCALES WITH WEI		ND INDICATIN	G ELEMENT IN SINGLE HOUSING	- }:
Serial number(s)			_ (attach separate page if neede	d)
	<b>FOR ALL OTHER</b> NTEP C of C	SCALE TYPES:	SERIAL NUMBER	
Indicator				_
Weighing Element				_
Load Cell(s)				_
	TEST REPORT MUST AC SCALES WITH A CAPAC		LL PLACING IN SERVICE R THAN 8,000 POUNDS.	
This is to certify that I described device(s)	have repaired, maintained	or installed and	d left as correct the above-	
Registered Service Person		Permit Number	Company Represented	

Updated: 5/6/09. 6/3/15, 6/20/22