

STATE OF MONTANA BUILDING AND COMMERCIAL MEASUREMENTS

PO BOX 200516 HELENA MT 59620-0516

PHONE 406-841-2056

License Number _____

WHOLESALE METER TEST REPORT

Date _____

Device Owner _____

Address _____

Prover Size _____

METER TYPE	TRUCK OR PUMP #	FUEL TYPE	TEMP	MAKE	SERIAL #	WET RUN #1	RUN #2	RUN #3	Spec Run	MRKD FLOW RATE	ACTL FLOW RATE	RJCT	APPR
			CORR										
PB													
PC													
PB													
PC													
PB													
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PB													
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Condition of Equipment _____

Remarks & Adjustments _____

Authorized Individual _____

INSPECTOR

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