

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

PLACING IN SERVICE REPORT | METERING DEVICES

Date: _____

Device owner/user: _____

License number: _____ Location number: _____

Location address: _____

Mailing address: _____

Contact name: _____ Contact number: _____

Device make: _____ Flow Rate: _____

Reason for service call: New installation
 Rejected device Tag # _____
 Other

Work performed/ reason for service call: _____

NTEP CERTIFICATE OF CONFORMITY #: _____

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)

