

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

PLACING IN SERVICE REPORT | WEIGHING DEVICES

Date:

Device owner/user:

License number:

Location number:

Location address:

Mailing address:

Contact name:

Contact number:

Device make:

Pound capacity:

Reason for service call:

New installation

Rejected device | Tag #

Other

Work performed/ reason for service call:

FOR SCALES WITH WEIGHING, LOAD RECEIVING, AND INDICATING ELEMENT IN SINGLE HOUSE:

NTEP C OF C:

Serial number (s):

FOR ALL OTHER SCALE TYPES:

NTEP C OF C

SERIAL NUMBER

Indicator:

Weighing element:

Load cell (s):

*****NOTE: A SCALE TEST REPORT MUST ACCOMPANY ALL PLACING IN SERVICE ALL PLACING IN SERVICE REPORTS FOR SCALES WITH A CAPACITY GREATER THAN 8,000 POUNDS.*****

This is to certify that I have repaired, maintained, or installed and left as correct the above-described device(s)

Registered service person signature

Permit number

Company represented