PLACED IN SERVICE REPORT

RETAIL MOTOR FUEL DISPENSERS

By Registered Service Company

LOCATION OF DISPENSER:

NAME _____

Address _____

City/State _____

County _____ Phone _____

RETURN TO:

Weights & Measures Bureau
2230 South Ankeny Blvd
Ankeny, IA 50023
Office: 515-725-1492

Make Of Meter	Pump No	Serial No	Product	Final Test		Make Of Meter	Pump No	Serial No	Product	Final Test

New Installation: Yes _____ No _____ Repaired: Yes ____ No ____

Model No. _____ NTEP CC#. _____

This is to certify that I have repaired, adjusted and placed in service the device herein described. All adjustments have been made as close to zero as possible.

Meter Sealed: Yes _____ No _____

Registered Serviceperson _____ Registration No _____

Company _____ Phone _____

City/State _____ Date _____

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