	Florida Department of Agriculture and Consumer Services Division of Consumer Services, Bureau of Standards										
		PLACED II	N SER	VICE	REPORT						
ADAM H. PUTNAM	Sections 525.07 and 531.41, Florida Statutes Rule 5J-22.003, Florida Administrative Code										
COMMISSIONER 3125 Conner Bld., Lab #2, MS L-2, Tallahassee, FL 32399-1650 Phone (850) 921-1545 Fax (850) 921-1548 Email Address: flwm@freshfromflorida.com											
SCALES AND OTHER DEVICES											
Out Of Service Device (Return To Service Device)		Nev	v Insta	llation	n 🗌	Otl	her De	evices R	estored		
BUSINESS NAME				PHONE NUMBER				DATE OF SERVICE			
MAILING ADDRESS	AILING ADDRESS COUNTY			,I			ST	STATE ZIP			
	SICAL LO	CATION OF D	EVICE I	IF DIFF	ERENT THA	N ABOV	Έ				
ADDRESS/LOCATION									e Number		
COUNTY		CITY				CONTACT PERSON					
		DEVICE SERIAL NUM				CAR	ACITY		MMENTS/C	00	
		JERIAL NUN	IDER		NOWIDER	CAP	ACITI			00	
SERVICE AGENCY INFORMATION AGENCY NAME							R	REGISTRATION NUMBER			
ADDRESS											
CITY	STA			TE			P	PHONE			
By signing, I certify that the device(s) list 44, as adopted by department rule, utilizin used in such testing and calibrations hole adopted in department rule. I verify that by department rule. I understand that I m <u>10 days</u> prior to placing or returning liste	ng proced d a valid c have phy ust fax, m	ures as outlined ertification and sically sealed a nail or e-mail thi	d in said are trace III adjusti s form to	publica eable to ment me the de	tion and as ad NIST standard echanisms cap	lopted by ds, as rec bable of b	vrule. I a quired by peing phy	Ilso verify t NIST Hand sically sea	hat the stan dbook 130 a aled, as requ	dards nd ıired	
NAME OF SERVICE AGENT (PRINT)	SIGNATURE	SIGNATURE OF SERVICE AGENT					INITIALS {AS SHOWN ON SEAL}				