

Florida Department of Agriculture and Consumer Services Division of Consumer Services, Bureau of Standards

PLACED IN SERVICE REPORT

Sections 525.07 and 531.41, Florida Statutes Rule 5J-22.003, Florida Administrative Code

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SCALES AND OTHER DEVICES						PETROLEUM						
Out Of Service Device New Installation Other Devices Restored (Return To Service Device)												
BUSINESS NAME						PHONE NUMBER			DATE OF SERVICE			
MAILING ADDRESS	Υ				CITY		STATE		ZIP			
PHYSICAL LOCATION OF DEVICE IF DIFFERENT THAN ABOVE												
ADDRESS/LOCATION						Phone	e Number					
COUNTY		CITY			CONTACT PERSO			N				
DEVICE DESCRIPTION												
DEVICE MANUFACTURER MODEL NUMBER			SERIAL NUM	IBER	NTEP NUMBER		CAPA	CAPACITY		COMMENTS/COC		
					 					 		
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SERVICE AGENCY INFORMATION												
AGENCY NAME								REGISTRAT			TON NUMBE	R
ADDRESS												
CITY	CITY STA				ZIP			PHOI		ΝE		
By signing, I certify that the device(s) listed above was/were installed and/or calibrated to applicable tolerances as set forth in NIST Handbook 44, as adopted by department rule, utilizing procedures as outlined in said publication and as adopted by rule. I also verify that the standards used in such testing and calibrations hold a valid certification and are traceable to NIST standards, as required by NIST Handbook 130 and adopted in department rule. I verify that I have physically sealed all adjustment mechanisms capable of being physically sealed, as required by department rule. I understand that I must fax, mail or e-mail this form to the department within twenty-four (24) hours of, but not more than 10 days prior to placing or returning listed device(s) into commercial service.												
NAME OF SERVICE AGENT (I	SIGNATURE	ENT	INITIALS (AS SHOWN ON SEAL)									