

PLACED IN SERVICE REPORT

RETAIL MOTOR FUEL DISPENSERS

By Registered Service Company

LOCATION OF DISPENSER:

RETURN TO:

NAME _____
 Address _____
 City/State _____
 County _____ Phone _____

Weights & Measures Bureau
 2230 South Ankeny Blvd
 Ankeny, IA 50023
 Office: 515-725-1492
 Fax: 515-725-1459
 Email: weightsandmeasures@
 iowaagriculture.gov

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 ___
 Replaced: Yes ___ No ___
 Recalibrated: 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 _____