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
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** _____