**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 |
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**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** _____