

PLACED IN SERVICE
REFINE FUEL & LP METERS

LOCATION OF METER:

Name _____
Address _____
City _____
County _____
Phone # _____

PLEASE RETURN TO:
Weights & Measures
Iowa Department of Agriculture
2230 South Ankeny Blvd
Ankeny, IA 50023
515-725-1492

REFINE FUEL TEST

Make of Meter _____ Serial No. _____ Quantity used _____ Product _____
Meter Sealed: Yes _____ No _____ New Meter: Yes _____ No _____
Model No. _____ NTEP CC# _____
G.P.M. _____ Adjusted Amount: _____ Meter Error In Cubic Inch _____
G.P.M. _____ Adjusted Amount: _____ Meter Error In Cubic Inch _____

LIQUID PROPANE GAS TEST

Make of Meter _____ Serial No. _____ Quantity used _____ Product _____
Meter Sealed: Yes _____ No _____ New Meter: Yes _____ No _____
Model No. _____ NTEP CC# _____
Prover Reading (end of run) _____ Meter Reading _____ Net Meter Error _____

REMARKS:

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.

Registered Serviceperson _____ Registration No. _____

Company _____ City/State _____

Phone Number _____ Date _____