

PLACED IN SERVICE REPORT FOR METERS



Form #2062 1-8-08

MAILING ADDRESS:		LOCATION ADDRESS:	
Firm Name:		Business Name:	
Mailing Address:		Location Address:	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:

DEVICE INFORMATION:					
Device Manufacturer	Model Number	* NTEP CC# (Certificate of Conformance)	Number Devices Installed	Mfg. Rated GPM	Product Metered
1.					
2.					
3.					
4.					

*Find NTEP CC#s online at <http://www.ncwm.net/ntep/index.cfm?fuseaction=search>

INSTALLATION:	APPLICATION:	PRODUCT STORAGE:
<u>Check One:</u> <input type="checkbox"/> New Device Installation <input type="checkbox"/> Replaces Existing Device <input type="checkbox"/> Replaces Lost Tag Tag # _____	<u>Check One:</u> <input type="checkbox"/> Marina <input type="checkbox"/> Airport <input type="checkbox"/> Card/Key Lock <input type="checkbox"/> Loading Rack <input type="checkbox"/> Retail Station <input type="checkbox"/> Truck Mount <input type="checkbox"/> Truck Stop	<u>Check One:</u> <input type="checkbox"/> Above Ground Storage <input type="checkbox"/> Below Ground Storage

Device(s) must comply with the specifications and tolerances set forth in the National Institute of Standards and Technology, Handbook 44, current edition. Device security seals must be intact, and the devices must be installed within applicable tolerances and not predominantly in favor of the device user. Commercially used weighing or measuring devices must be licensed with the Oregon Department of Agriculture, Measurement Standards Division prior to commercial use.

Installed by (Company Name):		
Service or Contact Person:	Installation Date:	
Address:	Phone:	
City:	State:	Zip:

Additional Comments:
