

PLACED IN SERVICE REPORT FOR PROPANE METERS



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
METER:	1.				
	2.				
REGISTER:	1.				
	2.				

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

TYPE OF METER INSTALLED:	INSTALLATION:
Check One: <input type="checkbox"/> 1" Pipe Diameter or Under (License Type M) <input type="checkbox"/> Over 1" Pipe Diameter (License Type N) Check One: <input type="checkbox"/> Stationary Card/Keylock <input type="checkbox"/> Bottle Fill <input type="checkbox"/> Truck Mount	Check One: <input type="checkbox"/> New Device Installation <input type="checkbox"/> Replaces Existing Device <input type="checkbox"/> Replaces Lost Tag. Tag # _____
	AUTOMATIC TEMPERATURE COMPENSATED: Check One: <input type="checkbox"/> Electronic <input type="checkbox"/> Manual

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: