



Mailing address

Business name: _____ Phone # _____
Contact name: _____ Email _____
Address: _____
City/st/zip: _____

Scale location address

Check here if the mailing and location addresses are the same

Business name: _____ Phone # _____
Contact name: _____ Email _____
Address: _____
City/st/zip: _____

Mass Flow Meter Information

Meter	Make: _____	Model: _____	NTEP CC#: _____	Max Flow Rate: _____	S/N: _____
Indicator	Make: _____	Model: _____	NTEP CC#: _____	S/N: _____	
Product Measured	_____				

Installation type (check one)

New installation (license app. required) Replaces existing Submitting report for lost repair tag, Tag # _____

Installer responsibilities

- Devices must
- comply with the National Institute of Standards and Technology, Handbook 44, current adopted edition.
 - have intact security seals and must not have access to external calibration, unless equipped with an approved audit trail.
 - be installed within applicable tolerances, not predominantly in favor of the device user, and adjusted as closely as practicable to zero.
 - have an active National Type Evaluation Program (NTEP) Certificate of Conformance (CC) unless exempt.
 - be installed in accordance with manufacturer's instructions.

Installed by

Self, or Service person (if installed by service person complete the following):
Service company: _____
Contact name: _____
Address: _____
City/st/zip: _____
Date installed: _____
Phone #: _____
Email: _____

See important reminders on reverse

Important reminders

- Oregon law requires weighing and measuring devices to be licensed prior to being used in commercial transactions.
- This form is only to be submitted for commercially used scales with manufacturer's rated capacities 1,161 pounds and up.
- Placed in Service Reports shall be submitted within 24 hours of placing a device into service.
- The service person shall provide a copy of the Placed in Service Report to the owner/operator of the device.

Instructions for completing this form

Request assistance: If you are unable to fully complete this form, please check the box to request assistance. Either someone from our office will contact you or the report will be forwarded to your inspector for follow-up.

Mailing address: Mailing address for the owner/operator of the equipment. All licensing correspondence will be sent to the mailing address.

Scale location address: Address where the scale is located. If the location address is identical to the mailing address you may write "same as above" and leave the rest blank. A separate form must be completed for different locations.

Scale information: This section applies to the scale being placed into service. Use a separate form for each scale placed into service.

Weighing element: Use this section for information on the weighing/load receiving element.

Indicator: Use this section for information on the indicating element.

Load cells: Use this section for information on the load cells.

Make: Name of the company that manufactured the device.

Model: Model number for the device.

NTEP CC#: National Type Evaluation Program (NTEP) Certificate of Conformance (CC) number. Scales used in commercial transactions must have an NTEP CC. You may find NTEP CC numbers online at <https://www.ncwm.com/ntep-certificates>, or by contacting the seller or manufacturer of the scale. Scales manufactured after 1/1/2003 are required to display the CC# on the I.D. tag.

Nominal capacity: Nominal capacity of the scale. Devices are licensed according to rated capacity.

Min. division: Minimum division size. This is the smallest subdivision of scale indications. For example, if the smallest increment your scale reads out in is 2 pounds then your division size is 2.

Nmax: Maximum number of scale divisions allowed by the manufacturer.

S/N: Serial number.

CLC: Concentrated load capacity as rated by the manufacturer.

Sections: Number of sections of the scale weighing element.

Length: Total length of the entire weighing element (including all sections).

Width: Total width of the entire weighing element (including all sections).

Class: Scale accuracy class I, II, III, IILL, or ILLL.

Number of cells: Total number of load cells

Installation type: Check only one box. The installation is either: a new installation, a replacement of an existing device, or repairs to an existing scale for which a repair tag and/or stop use tag was issued and lost.

Application: Check only one box to describe the scale application.

Installer responsibilities: Responsibilities of the person installing the scale. This may be an owner, operator, or service person.

Installed by: If the owner or operator is completing the form and the contact information is the same as the top of the form, you may check "Self" and skip ahead to the date installed. If installed by a service person, check the service person box and enter the following: the service company name, contact name, address, and phone number or email address of the person installing the scale.

Date installed: The date the scale was installed. If the scale was already in place and was either repaired or being newly licensed, put the date the form is being completed.

Submit the form by one of the following methods

e-mail: owm@oda.state.or.us

mail: Oregon Department of Agriculture, Weights & Measures Program, 635 Capitol St NE, Salem, OR 97301-2532.