



Florida Department of Agriculture and Consumer Services
Division of Consumer Services, Bureau of Standards

PLACED IN SERVICE REPORT

Sections 525.07 and 531.41, Florida Statutes
Rule 5J-21.007(3), Florida Administrative Code

ADAM H. PUTNAM
COMMISSIONER

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SCALES AND OTHER DEVICES

PETROLEUM

(This report must be mailed, faxed or emailed within 24 hours for each out of service device returned to service, each new installation and other devices restored to service)

Out Of Service Device
(Return To Service Device)

New Installation

Other Devices Restored

BUSINESS NAME			PHONE NUMBER		DATE OF SERVICE	
MAILING ADDRESS		COUNTY		CITY	STATE	ZIP
PHYSICAL LOCATION OF DEVICE IF DIFFERENT THAN ABOVE						
ADDRESS/LOCATION					Phone Number	
COUNTY			CITY		CONTACT PERSON	
DEVICE DESCRIPTION						
DEVICE MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	NTEP NUMBER	CAPACITY	COMMENTS/COC	
SERVICE AGENCY INFORMATION						
AGENCY NAME					REGISTRATION NUMBER	
ADDRESS						
CITY		STATE		ZIP	PHONE	
<p>By signing, I certify that the device(s) listed above was/were installed and/or calibrated to applicable tolerances as set forth in NIST Handbook 44, as adopted by department rule, utilizing procedures as outlined in said publication and as adopted by rule. I also verify that the standards used in such testing and calibrations hold a valid certification and are traceable to NIST standards. I verify that I have physically sealed all adjustment mechanisms capable of being physically sealed, as required by department rule. I understand that I must fax, mail or e-mail this form to the department within <u>twenty four</u> (24) hours of, but not more than 10 days prior to placing or returning listed device(s) into commercial service.</p>						
NAME OF SERVICE AGENT (PRINT)			SIGNATURE OF SERVICE AGENT		INITIALS {AS SHOWN ON SEAL}	