

# Placed in Service Report for Commercial Weighing or Measuring Devices

Registered Service Agency		Location of Device	
*Name		*Company Name	
*Address		*Address	
*City, State, Zip		*City State, Zip	
Phone (     )		*County	
*Agent Name		*Date of Repair or Placing into Service	
License #			

### Device Information

*Device ID <i>(i.e., pump or check stand #)</i>	*Device Manufacturer	*Model Number	*Serial Number	*NTEP CC Number <i>(device or component)</i>	Type of Device <i>(capacity if applicable)</i>

**Remarks:**

\* REQUIRED INFORMATION Reference: California Code of Regulations, Title 4, Division 9, Chapter 4, Section 4085 (a)(2)

**Link to county contact information:**

<http://www.cdfa.ca.gov/exec/county/documents/countycommissionersealercontactinfo.pdf>