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

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