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

WILTON SIMPSON
COMMISSIONER

PLACED IN SERVICE REPORT

Sections 525.07 and 531.41, Florida Statutes
Rule 5J-22.003, Florida Administrative Code

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SCALES AND OTHER DEVICES ☐ PETROLEUM ☐

Out Of Service Device ☐ New Installation ☐ Other Devices Restored ☐
(Return To Service Device)

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

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, as required by NIST Handbook 130 and adopted in department rule. 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 twenty-four (24) hours of, but not more than 10 days prior to placing or returning listed device(s) into commercial service.

NAME OF SERVICE AGENT (PRINT)	SIGNATURE OF SERVICE AGENT	INITIALS {AS SHOWN ON SEAL}