

PLACED IN SERVICE REPORT FOR MOTOR FUEL DISPENSERS

RETURN THIS FORM TO

**MAINE DEPARTMENT OF AGRICULTURE, EQP UGTXC VKQP .('HQTGUVT[
DIVISION OF QUALITY ASSURANCE AND REGULATIONS
STATE HOUSE STATION #28
AUGUSTA, MAINE 04333**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 10, SECTION 2653, R.S. 1964, THE FOLLOWING REPORT IS SUBMITTED.

CHECK ONE:

_____ THE EQUIPMENT LISTED BELOW HAS BEEN NEWLY INSTALLED.
_____ THE EQUIPMENT LISTED BELOW HAS BEEN REPAIRED OR ADJUSTED.

IF EQUIPMENT IS NEWLY INSTALLED:

SUPPLY A CURRENT N.T.E.P. CERTIFICATE OF CONFORMANCE OR NUMBER: _____

NAME OF BUSINESS: _____
ADDRESS: _____
TOWN OR CITY: _____ ZIP _____
DEVICE OWNER: _____
REGISTRATION # _____

MOTOR FUEL DISPENSERS:

MAKE: _____ MODEL: _____ SERIAL# _____ PUMP # _____

*STATE EXACTLY WHAT WAS DONE _____

WAS THIS DEVICE CALIBRATED? _____ TEST RESULTS? FAST _____ SLOW _____
TOTALIZER READING: START _____ FINISH _____
COMMENTS: _____

REPAIRMAN OR DEALER INFORMATION:

DATE: _____ SERVICE CO. _____ TELEPHONE NUMBER: _____
LICENSE NUMBER: _____ EXPIRATION DATE: _____

I, _____, CERTIFY THAT THE ABOVE DESCRIBED DEVICE HAS BEEN PLACED INTO SERVICE AND MEETS ALL APPLICABLE STATE REQUIREMENTS. ALL REQUIRED LABELING INFORMATION HAS BEEN AFFIXED AND IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND CORRECT. SECURITY SEALS HAVE BEEN ATTACHED TO ANY ADJUSTMENT MECHANISMS AS REQUIRED.

SIGNATURE: _____

*USE BACK FOR ADDITIONAL SPACE IF NECESSARY.
*Return this form to the above address.