PLACED IN SERVICE REPORT FOR SCALES

RETURN THIS FORM TO: DIVISION OF QUALITY ASSURANCE AND REGULATIONS MAINE DEPT. OF AGRICULTURE, CONSERVATION, & FORESTRY STATION #28, AUGUSTA, MAINE 04333 PHONE: (207) 287-3841

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 10, WEIGHTS AND MEASURES LAW, SECTION 2653, THE FOLLOWING REPORT IS SUBMITTED:

CHECK ONE:	
THE EQUIPMENT LISTED BELOW HAS BEEN NEWLY INSTALLEDTHE EQUIPMENT LISTED BELOW HAS BEEN REPAIRED OR ADJUSTED.	
IF EQUIPMENT IS NEWLY INSTAL PLEASE ATTACH A CURRENT N.T.E	LED: E.P. CERTIFICATE OF CONFORMANCE.
NAME OF BUSINESS:	
MAILING ADDRESS:	
PHYSICAL ADDRESS:	
TOWN OR CITY:	ZIP CODE
DEVICE OWNER:	ZIP CODE
VALUE OF "d": MODEL:	SERIAL NUMBER:
ACCURACY CLASS: CI	LC: NMAX:
STATE EXACTLY THE SEVICE PE	CAPACITY:SERIAL NUMBER:
COMMENTS:	
SECTION TEST AS FOUND AFTER ADJUST.	** CERTIFIED TEST WEIGHTS AS FOUND
1. 1.	
2. 2.	1 1
3 3 4 4 5 5	2 2 2
4	3 3 3
5 5	44
6	1. 1. 1. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5. 5. 5. 6. 6. 6.
**TO COMPLY WITH STATE OF	0 0
MAINE REQUIREMENTS:	AFTER ADJUSTMENT
CERTIFIED TEST WEIGHTS EQUAL	LBS. APPLIED LBS. INDICATED ERROR
TO OR EXCEEDING 12 ½ % OF	1 1 1 1
SCALE CAPACITY MUST BE	2 2
APPLIED. A SUBSTITUTION OR	3. 3. 3.
STRAINLOAD TEST TO 25 % OF	4. 4. 4.
SCALE CAPACITY MUST BE	5. 5. 5.
USED.	1.
REPAIRMAN OR DEALER INFORM	
DATE:SERVICE CO	TELEPHONE NUMBER: EXPIRATION DATE: CERTIFY THAT THE ABOVE DESCRIBED DEVICE HAS BEEN
LICENSE NUMBER:	EXPIRATION DATE:
I,,C	CERTIFY THAT THE ABOVE DESCRIBED DEVICE HAS BEEN
PLACED INTO SERVICE AND MEET	S ALL APPLICABLE STATE REQUIREMENTS. ALL REQUIRED
LABELING INFORMATION HAS BEEN AFFIXED AND IS, TO THE BEST OF MY KNOWLEDGE,	
	RITY SEALS HAVE BEEN ATTACHED TO ANY ADJUSTMENT
MECHANISMS AS REQUIRED. SIGNATURE:	
SIGNATURE:	