

**PLACED IN SERVICE REPORT FOR VEHICLE TANK METERS, BULK PLANT METERS, RACK METERS, MASS FLOW METERS, AND LPG METERS**

**RETURN THIS FORM TO**

**MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION, & FORESTRY  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_ 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: \_\_\_\_\_

**VTM, LPG, BULK PLANT, RACK METERS:**

MAKE \_\_\_\_\_ MODEL# \_\_\_\_\_ SERIAL# \_\_\_\_\_  
TRUCK # \_\_\_\_\_ METER FACTOR: OLD \_\_\_\_\_ NEW \_\_\_\_\_

\*STATE EXACTLY WHAT WAS DONE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS THIS DEVICE CALIBRATED? \_\_\_\_\_ BY WHOM? \_\_\_\_\_

WAS THE AIR ELIMINATOR TESTED? \_\_\_ YES \_\_\_ NO  
WHAT WERE THE RESULTS? \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**REPAIRMAN OR DEALER INFORMATION:**

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.