

Return To: Illinois Department of Agriculture
Bureau of Weights and Measures
State Fairgrounds, P.O. Box 19281
Springfield, IL 62794-9281
Or email to: AGR.WM.PIS@illinois.gov

**ILLINOIS DEPARTMENT OF AGRICULTURE
BUREAU OF WEIGHTS AND MEASURES
PLACED IN SERVICE REPORT
LP METERS**

DIST. W & M Office
W & M Inspector
Device Owner(s)
Service Person/Company
**SERVICE PERSON DECAL
NO. _____**

Complete all information

Name _____
Address _____
City _____
County _____
Phone Number _____

ALL INFORMATION IN THIS AREA IS REQUIRED.

**REASON FOR
PLACED-IN-SERVICE?**
(Mark all that apply)

REJ. /COND. _____
Replacement of Previous _____
(New or Used)
Completely NEW Bus. _____
C.O.C. NUMBER: _____
(IF NEW OR A REPLACEMENT)
MAJOR OVERHAUL _____

State Business no.: _____
NOTE: IF SERVICE WORK IS BEING DONE BECAUSE OF
A REJECTED OR CONDEMNED TAG, PLEASE
INCLUDE BUSINESS NUMBER FROM TAG OR
STATE TEST REPORT-

BOTTLE FILL STATION _____ BOBTAIL _____

VEHICLE YEAR - MODEL _____

LICENSE PLATE NO: _____

PRODUCT _____ Specific Gravity: _____

<u>MAKE OF METER</u>	<u>SIZE (")</u>	<u>SERIAL #</u>	NOTE: A WET DOWN WAS DONE	<u>YES</u>	<u>NO</u>
_____	_____	_____	_____	_____	_____
	<u>START</u>	<u>FINISH</u>	*Meter Therm. Well	_____	_____
TOTALIZER READING -	_____	_____	* Ticket Printer Is Correct	_____	_____
* TEMP. COMP	* RECORDER	* INDICATOR	*Gallons Per Minute	<u>-MAX</u>	<u>-MIN</u>
YES _____ NO _____	Yes _____ No _____	Yes _____ No _____	_____	_____	_____

<u>TEST DATA</u>		<u>UNCOMPENSATED</u>	
1. TYPE OF TEST	NOR or SPEC		NOR or SPEC
2. FLOW RATE		GPM	
3. METER TEMP - 35 GL		°F	
4. METER TEMP - 70 GL		°F	
5. PROVER PRESSURE		PSI	
6. PROVER TEMP		°F	
7. PROVER READING		GAL.	
8. AVG. METER TEMP		°F	
9. PROVER TEMP		°F	
10. TEMP DIFF.		°F	
11. TEMP CORR. FACTOR			
12. TEMP CORR. FACTOR		GAL	
13. PRESS CORR. FACTOR			
14. CORRECTED PROVER READING		GAL	
15. METER READING		GAL	
16. NET METER ERROR		GAL	

<u>TEST DATA</u>		<u>COMPENSATED</u>	
1. TYPE OF TEST	NOR - SPEC		NOR - SPEC
2. FLOW RATE		GPM	
3. PROVER PRESSURE		PSI	
4. PROVER TEMP		°F	
5. PROVER READING		GAL	
6. METER TEMP		°F	
7. TEMP CORR. FACTOR			
8. TEMP CORR. VOLUME		GAL	
9. PRESS CORR. FACTOR			
10. CORRECTED PROVER READING		GAL	
11. METER READING		GAL	
12. NET METER ERROR		GAL	

Are seals on: Yes _____ No _____

Seals have Service Person Number: Yes _____ No _____

Does the installation meet all specifications and tolerances of the Illinois Weights and Measures Act and NIST HB 44? YES _____ NO _____

* This form will allow the temporary commercial use of the device described herein, pending its official inspection, when countersigned by the owner or user of the device.

SIGNED: ✓ _____
OWNER or USER

Remarks _____

SIZE/TYPE OF PROVER: _____

LAST DATE OF PROVER CALIBRATION: _____

This is to certify that I have repaired or installed the device herein described. All adjustments have been made as close to zero as possible.

SERVICE PERSON NAME _____ REGISTRATION NUMBER _____ DATE _____

SERVICE COMPANY _____ REGISTRATION NUMBER _____ DATE _____

Service Company Phone Number - _____