

<p style="text-align: center;"><b>Complete all information</b></p> Name _____ Address _____ City _____ County _____ Phone Number _____ <div style="text-align: center; border: 1px solid black; padding: 2px;"><b>ALL INFORMATION IN THIS AREA IS REQUIRED</b></div>	<b>REASON FOR PLACED-IN-SERVICE?</b> ( Mark all that apply )  REJECTED _____  NEW or new AT LOCATION _____  MAJOR OVERHAUL _____	Business no. : _____  <p style="text-align: center;"><b>NOTE:</b>          IF SERVICE WORK IS BEING DONE BECAUSE OF A REJECTED TAG, PLEASE INCLUDE BUSINESS NUMBER FROM TAG OR STATE TEST REPORT</p>
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Pump No.	Dispenser MFG	Model No.	Serial No.	C.O.C # If applicable	Product	Gallon Run	Error Cu In.	Service Decal No.

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

Are all seals on: Yes \_\_\_\_\_ No \_\_\_\_\_

All seals have Service Person Number: 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.

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.

**SIGNED:** ✓ \_\_\_\_\_  
OWNER or USER

\_\_\_\_\_ SERVICE PERSON NAME                      REGISTRATION NUMBER                      DATE

**Remarks:** \_\_\_\_\_

\_\_\_\_\_ SERVICE COMPANY                                      REGISTRATION NUMBER                                      DATE

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 815ILCS 370/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. (IL406-1441) (Rev. 03-11)

Service Company Phone Number: \_\_\_\_\_