

<b>Return to:</b> Illinois Department of Agriculture Bureau of Weights and Measures State Fairgrounds, P.O. Box 19281 Springfield, IL 62794-9281  <b>Email to:</b> <a href="mailto:AGR.WM.PIS@illinois.gov">AGR.WM.PIS@illinois.gov</a>	<b>ILLINOIS DEPARTMENT OF AGRICULTURE</b> <b>BUREAU OF WEIGHTS AND MEASURES</b> <b>PLACED IN SERVICE REPORT</b> <b>LARGE AND SMALL METERS</b>	<b>DISTRIBUTION</b> W & M Office W & M Inspector Device Owner(s) Service Person/Company
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<p style="text-align: center;"><u>Complete all information below</u></p> <b>Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>County</b> _____ <b>Phone Number</b> _____	<p style="text-align: center;"><b>REASON FOR PLACED-IN-SERVICE?</b> ( Mark all that apply )</p> <b>REJ./COND.</b> _____  <b>NEW AT LOCATION)</b> _____  <b>MAJOR OVERHAUL</b> _____	<b>Business no.:</b> _____ <b>NOTE:</b> IF SERVICE WORK IS BEING DONE BECAUSE OF A REJECTED OR CONDEMNED TAG, PLEASE INCLUDE BUSINESS NUMBER FROM TAG OR STATE TEST REPORT  <b>METER(S) IS/ARE USED AS:</b> _____ - TANKWAGON – FUEL DELIVERY (Could be both of these) _____ - TANKWAGON – BULK OIL DELIVERY  _____ - LOADING RACK  _____ - OTHER – SPECIFY) _____
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Make of Meter	Size of Meter	Serial no.	GPM	Product	As Found	Final Test	Reason For Service 1,2 or 3 from above	COC No.	Service Person Decal No.	If Applicable Vehicle License Number

**Are seals on:** Yes \_\_\_\_\_ No \_\_\_\_\_ **SIZE / TYPE OF PROVER:** \_\_\_\_\_

**Seals have service person number stamped on them:** Yes \_\_\_\_\_ No \_\_\_\_\_ **LAST DATE OF CALIBRATION:** \_\_\_\_\_

\* 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.

**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. 01-04)

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