

**Return to:** Illinois Department of Agriculture  
 Weights and Measures  
 P.O. Box 19281  
 Springfield, IL 62794-9281

**PLACED IN SERVICE REPORT  
 SCALES UP TO 1000 Lbs.**

**DISTRIBUTION:** W & M Office  
 W & M Inspector  
 Device owner's  
 Service Person

**Or email to** [AGR.WM.PIS@illinois.gov](mailto:AGR.WM.PIS@illinois.gov)

BUSINESS NAME - \_\_\_\_\_ ADDRESS - \_\_\_\_\_ CITY - \_\_\_\_\_ ZIP - \_\_\_\_\_

COUNTY - \_\_\_\_\_ PHONE NUMBER - \_\_\_\_\_ BUSINESS NUMBER (If Available From Rejected Tag) - \_\_\_\_\_

Scale Manufacturer _____ Model No. - _____ Serial Number - _____ CoC Number - _____ Scale Capacity- _____ Min. Grads - _____	Weight <u>Applied</u>	Scale <u>Reading</u>	Error <u>Error</u>	Scale Manufacturer _____ Model No. - _____ Serial Number - _____ CoC Number - _____ Scale Capacity- _____ Min. Grads - _____	Weight <u>Applied</u>	Scale <u>Reading</u>	Error <u>Error</u>						
Installation meets the requirements of the Il. Weights & Measures Act? Yes ____ No ____				Installation meets the requirements of the Il. Weights & Measures Act? Yes ____ No ____									
SEALED BY: Wire & Lead - _____ Audit Trail _____ Other _____				SEALED BY: Wire & Lead - _____ Audit Trail _____ Other _____									
<b>Audit trail Counter Numbers</b>		<b>Shift Test</b>			<b>Audit trail Counter Numbers</b>		<b>Shift Test</b>						
		Weight <u>Applied</u>	Scale <u>Reading</u>	Error <u>Error</u>			Weight <u>Applied</u>	Scale <u>Reading</u>	Error <u>Error</u>				
<b>Calibration</b>		<b>Config.</b>			<b>Calibration</b>		<b>Config.</b>						
<b><u>Reason for PIS.</u></b>				<b><u>Reason for PIS.</u></b>									
Rejected - _____ Recalibrated - _____ New or Relocated used - _____ Repair / Overhaul - _____				Rejected - _____ Recalibrated _____ New or Relocated used - _____ Repair / Overhaul - _____									
Location of Scale _____				<b><u>Service Person Decal Number</u></b>			Location of Scale _____				<b><u>Service Person Decal Number</u></b>		
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.					Service Person _____			State Reg. Number _____					
Signed <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">✓</td></tr></table> _____ <small>Owner or user</small>					✓	Service Company _____			State Reg. Number _____				
✓													
<b>IMPORTANT NOTICE:</b> 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 being processed. This form has been approved by the State Forms Management Cent. (IL-406-1441) (Rev. 04-10)					Phone Number: _____			Date: _____					
This is to certify that I have repaired or installed the device(s) herein described. All adjustments have been made as close to "0" as possible.													