Florida Department of Agriculture and Consumer Services
Division of Consumer Services, Bureau of Standards

ADAM H. PUTNAM
COMMISSIONER

PLACED IN SERVICE REPORT

Sections 525.07 and 531.41, Florida Statutes
Rule 5J-21.007(3), Florida Administrative Code

3125 Conner Bld., Lab #2, MS L-2, Tallahassee, FL 32399-1650
Phone (850) 921-1545 Fax (850) 921-1548
Email Address: flwm@freshfromflorida.com

SCALES AND OTHER DEVICES ☐ PETROLEUM ☐

(This report must be mailed, faxed or emailed within 24 hours for each out of service device returned to service, each new installation and other devices restored to service)

Out Of Service Device ☐ **(Return To Service Device)** New Installation ☐ Other Devices Restored ☐

BUSINESS NAME			PHONE NUMBER	DATE OF SERVICE
MAILING ADDRESS	COUNTY	CITY	STATE	ZIP

PHYSICAL LOCATION OF DEVICE IF DIFFERENT THAN ABOVE

ADDRESS/LOCATION		Phone Number
COUNTY	CITY	CONTACT PERSON

DEVICE DESCRIPTION

DEVICE MANUFACTURER	MODEL NUMBER	SERIAL NUMBER	NTEP NUMBER	CAPACITY	COMMENTS/COC

SERVICE AGENCY INFORMATION

AGENCY NAME			REGISTRATION NUMBER
ADDRESS			
CITY	STATE	ZIP	PHONE

By signing, I certify that the device(s) listed above was/were installed and/or calibrated to applicable tolerances as set forth in NIST Handbook 44, as adopted by department rule, utilizing procedures as outlined in said publication and as adopted by rule. I also verify that the standards used in such testing and calibrations hold a valid certification and are traceable to NIST standards. I verify that I have physically sealed all adjustment mechanisms capable of being physically sealed, as required by department rule. I understand that I must fax, mail or e-mail this form to the department within twenty four (24) hours of, but not more than 10 days prior to placing or returning listed device(s) into commercial service.

NAME OF SERVICE AGENT (PRINT)	SIGNATURE OF SERVICE AGENT	INITIALS {AS SHOWN ON SEAL}