



STATE OF MISSOURI  
 MISSOURI DEPARTMENT OF AGRICULTURE  
 WEIGHTS, MEASURES & CONSUMER PROTECTION DIVISION  
**PLACING IN SERVICE REPORT**

ALL APPLICABLE ATTACHMENTS MUST BE SUBMITTED WITH  
 REPORT WHETHER IT IS MAILED OR EMAILED

<input type="checkbox"/> <b>NEW DEVICE INSTALLATION</b>	<input type="checkbox"/> <b>USED DEVICE INSTALLATION</b>	<input type="checkbox"/> <b>REPAIR OF REJECTED DEVICE</b> <small>(REJECTED DEVICE TAG MUST BE SUBMITTED WITH REPORT)</small>	<input type="checkbox"/> <b>DEVICE MAINTENANCE ONLY</b> <small>(OFFICIAL SEAL BROKEN)</small>
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PLACED IN SERVICE AT (BUSINESS NAME)			DATE		
STREET ADDRESS		CITY	STATE	ZIP	COUNTY

MARK APPLICABLE BOX	BRIEF DESCRIPTION OF PHYSICAL LOCATION OF DEVICE	MAKE/MODEL NUMBER	SERIAL NUMBER	ACCURACY CLASS	NOMINAL CAPACITY	ATTACH TEST REPORT FOR SCALES GREATER THAN 1,000 lb. CAPACITY	NTEP CERTIFICATE OF CONFORMANCE NUMBER
<input type="checkbox"/> SCALE <input type="checkbox"/> INDICATOR <input type="checkbox"/> LOAD CELL <input type="checkbox"/> TAXI METER						<input type="checkbox"/> TEST REPORT ATTACHED	
<input type="checkbox"/> SCALE <input type="checkbox"/> INDICATOR <input type="checkbox"/> LOAD CELL <input type="checkbox"/> TAXI METER						<input type="checkbox"/> TEST REPORT ATTACHED	
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<input type="checkbox"/> SCALE <input type="checkbox"/> INDICATOR <input type="checkbox"/> LOAD CELL <input type="checkbox"/> TAXI METER						<input type="checkbox"/> TEST REPORT ATTACHED	

IF OFFICIAL SEAL WAS BROKEN, EXPLAIN WHAT MAINTENANCE WAS DONE TO THE DEVICE:

By my signature, I certify the device(s) listed on this form were installed and or calibrated to the applicable requirements setforth in Missouri Laws and Regulations, and in accordance to NIST Handbook 44, which Missouri adopts. I also certify that the standards used in such testing and calibrations are currently certified, and that I have sealed all adjustments as required and currently hold certifications for the above devices(s). This report shall be submitted within 24 hours of the new, used or rejected device being placed in service and it grants registered service technicians authority to remove seals from sealed devices for maintenance/repair purposes if an explanation is submitted on this form.

SERVICE COMPANY NAME	SERVICE COMPANY REGISTRATION NUMBER FOR MISSOURI
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SIGNATURE OF REGISTERED SERVICE TECHNICIAN	PRINTED NAME OF REGISTERED SERVICE TECHNICIAN	REGISTRATION NUMBER AND EXPIRATION DATE
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I certify by my signature that I have been instructed on the proper use, and maintenance of the device in accordance with the manufacturer's operating manual, Missouri Laws and Regulations, and according to NIST Handbook 44.

SIGNATURE OF DEVICE OWNER/OPERATOR	PRINTED NAME OF THE DEVICE OWNER OR OPERATOR	DATE
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**NOTICE: When properly executed and signed by all parties, this form authorizes the temporary use of your device pending official state weights and measures certification.**