



**New Hampshire Department of Agriculture, Markets & Food**  
**Division of Weights and Measures**  
**PO Box 2042**  
**Concord, NH 03302-2042**

Tel: (603) 271-3700  
 Fax: (603) 271-1109  
 Email: [devices@agr.nh.gov](mailto:devices@agr.nh.gov)

**PLACED IN SERVICE / INSPECTION REPORT FORM**  
**RETAIL MOTOR FUEL DEVICES**

**Installed:**     **Repaired:**     **Replaces:**     **Test & Calibrate:**     **Certified:**     **Rejected:**

Date \_\_\_\_\_ Service Technician/Service Co.: \_\_\_\_\_ Lic.#: \_\_\_\_\_ Page of \_\_\_\_\_ Weights & Measures Account #:  
 Name of Business \_\_\_\_\_  
 Address: \_\_\_\_\_ Product Trade Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Blend Pumps? Yes\_\_ No\_\_  
 Total # of Meters \_\_\_\_\_

**Summary of Work Completed / Remarks:** \_\_\_\_\_

<b>PRODUCT KEY:</b>	<b>(1) Regular</b>	<b>(2) Mid Grade</b>
<b>(3) Premium</b>	<b>(4) Ultra</b>	<b>(5) Diesel</b>
<b>(6) Kerosene</b>	<b>(7) Other</b>	<b>(8) High Speed Diesel</b>

Pump #	Certification Stamp #	Make of Meter	Serial Number	Product Key	Test	Prover Reading As Found	Prover Reading As Sealed	Gallons Used for Test
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/> Replaces: SN #:
					Special			
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/> Replaces: SN #:
					Special			
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/> Replaces: SN #:
					Special			
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/> Replaces: SN #:
					Special			
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/> Replaces: SN #:
					Special			
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/> Replaces: SN #:
					Special			
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/> Replaces: SN #:
					Special			

Signature of Service Technician \_\_\_\_\_

The licensee shall complete this form accurately. **This form and any official rejection tag removed from the device shall be sent via mail, email, or fax within 5 days to the address at the top of this form.** I certify that the device(s) listed above meet(s) all requirements set forth in NIST Handbook 44 (current edition) for commercial devices and that they were tested using accepted test procedures as outlined in NIST Handbook 112: Examination Procedures Outlines for Weighing and Measuring Devices.