



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

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

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Please print legibly or type

|                                     |  |                                    |  |  |  |
|-------------------------------------|--|------------------------------------|--|--|--|
| Installed: <input type="checkbox"/> | Repaired: <input type="checkbox"/>       | Replaces: <input type="checkbox"/> | Test & Calibrate: <input type="checkbox"/> | Certified: <input checked="" type="checkbox"/> | Rejected: <input type="checkbox"/>   |
| Date: 1/7/2015                      | Service Technician/Service Co.: John Doe |                                    | Lic.#: 171234                              | Page 1 of 1                                    | Div. of Weights & Measures Account #: 7234   |
| Name of Business: Main Street Mart  |  |                                    |  |  |  |
| Address: 123 Main St                |  |                                    |  |  | Product Trade Name: Unbranded  |
| City: Townville                     |  | State: NH                          | Zip Code: 03000                            |  | Blend Pumps? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Total # of Meters: 6 |

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

| Pump # | Certification Stamp # | Make of Meter | Serial Number | Product Key | Test    | Prover Reading As Found | Prover Reading As Sealed |   | Gallons Used for Test |
|--------|-----------------------|---------------|---------------|-------------|---------|-------------------------|--------------------------|---|-----------------------|
| 1      | 12345                 | Tokheim       | 723456        | 1           | Normal  | 0                       | 0                        | Certified: <input checked="" type="checkbox"/> Rejected: <input type="checkbox"/> | 10                    |
|        |                       |               |               |             | Special |                         |                          | Replaces: SN #:   |                       |
| 1      | "                     | "             | "             | 2           | Normal  | 0                       | 0                        | Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>            | 10                    |
|        |                       |               |               |             | Special |                         |                          | Replaces: SN #:   |                       |
| 1      | "                     | "             | "             | 3           | Normal  | 0                       | 0                        | Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>            | 10                    |
|        |                       |               |               |             | Special |                         |                          | Replaces: SN #:   |                       |
| 2      | 12346                 | "             | "             | 1           | Normal  | -1                      | -1                       | Certified: <input checked="" type="checkbox"/> Rejected: <input type="checkbox"/> | 5                     |
|        |                       |               |               |             | Special |                         |                          | Replaces: SN #:   |                       |
| 2      | "                     | "             | "             | 2           | Normal  | +1                      | +1                       | Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>            | 5                     |
|        |                       |               |               |             | Special |                         |                          | Replaces: SN #:   |                       |
| 2      | "                     | "             | "             | 3           | Normal  | 0                       | 0                        | Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>            | 5                     |
|        |                       |               |               |             | Special |                         |                          | Replaces: SN #:   |                       |
| 3      | 12347                 | Gilbarco      | PA04321       | 5           | Normal  | -1                      | -1                       | Certified: <input checked="" type="checkbox"/> Rejected: <input type="checkbox"/> | 10                    |
|        |                       |               |               |             | Special | +2                      | +2                       | Replaces: SN #:   |                       |
| 4      | 12348                 | "             | "             | 6           | Normal  | +7                      | 0                        | Certified: <input checked="" type="checkbox"/> Rejected: <input type="checkbox"/> | 30                    |
|        |                       |               |               |             | Special | +7                      | 0                        | Replaces: SN #:   |                       |
|        |                       |               |               |             | Normal  |                         |                          | Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>            |                       |
|        |                       |               |               |             | Special |                         |                          | Replaces: SN #:   |                       |

|   |   |
|---|---|
| John Doe<br>Signature of Service Technician | The licensee shall complete this form accurately and completely. The white copy 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. |
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