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

Email to: *AGR.WM.PIS@illinois.gov*

Illinois Department of Agriculture

Bureau of Weights and Measures

PLACED IN SERVICE REPORT

LARGE AND SMALL METERS

DISTRIBUTION: W & M Office
W & M Inspector
Device Owner(s)
Service Person/Company

Business No. _____

NOTE: ***If service work is being done because of a rejected or condemned tag, please include business number from tag or state test report***

☐ - TANKWAGON - FUEL DELIVERY
(COULD BE BOTH OF THESE)

☐ - TANKWAGON - BULK OIL DELIVERY

☐ - LOADING RACK

☐ - OTHER - SPECIFY _____

Complete all information below

NAME: _____

ADDRESS: _____

CITY: _____

COUNTY: _____

PHONE NUMBER: _____

REASON FOR PLACED-IN-SERVICE?

(MARK ALL THAT APPLY)

REJ./COND. ☐

NEW AT LOCATION ☐

CALIBRATION ☐

MAJOR OVERHAUL ☐

Make of Meter	*Size of Meter*	*Serial No.*	*GPM*	*Product*	*As Found*	*Final Test*	*Reason For Service* *1,2,3,or 4 from above*	*Audit Trial* *Calibration No.*	*COC No.*	*Service Person Decal No.*	*If Applicable Vehicle License Number*

Are seals on: Yes ☐ **No** ☐

Seals have service person number stamped on them: Yes ☐ **No** ☐

*Does the installation meet all specifications and tolerances of the Illinois Weights and Measures Act and NIST HB 44? Yes ☐ No ☐

*This form will allow the temporary commercial use of the device described herein, pending its official inspections, ***when countersigned by the owner or user of the device.***

SIGNED: _____
OWNER OR USER

REMARKS: _____

SIZE/TYPE OF PROVER: _____

LAST DATE OF CALIBRATION: _____

This is to certify that I have repaired or installed the device herein described. All adjustments have been made as close to zero as possible.

SERVICE PERSON NAME *REGISTRATION NUMBER* *DATE*

SERVICE COMPANY *REGISTRATION NUMBER* *DATE*

Service Company Phone Number: _____

SUBMIT BY EMAIL

IMPORTANT NOTICE: 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 from being processed. This form has been approved by the State Forms Management Center. (IL406-1441) (Rev. 01-04)