

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](mailto:AGR.WM.PIS@illinois.gov)



# Bureau of Weights and Measures PLACED IN SERVICE REPORT SCALES UP TO 1000 LBS.

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

BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ BUSINESS NUMBER (IF AVAILABLE FROM REJECTED TAG): \_\_\_\_\_

SCALE MANUFACTURER: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

C.O.C. NUMBER: \_\_\_\_\_

SCALE CAPACITY: \_\_\_\_\_

MIN. GRADS: \_\_\_\_\_

WEIGHT APPLIED	SCALE READING	ERROR (+/-)

INSTALLATION MEETS THE REQUIREMENTS OF THE ILLINOIS WEIGHTS & MEASURES ACT? YES NO

SEALED BY: **Wire & Lead**  
**Audit Trail** **Other**

AUDIT TRAIL COUNTER NUMBERS	
CALIBRATION	CONFIGURATION

**REASON FOR PIS?**  
REJECTED RECALIBRATION  
NEW or RELOCATED USED  
REPAIR / OVERHAUL

SHIFT TEST		
WEIGHT APPLIED	SCALE READING	ERROR (+/-)

**SERVICE PERSON DECAL NUMBER**

LOCATION OF SCALE: \_\_\_\_\_

SERVICE PERSON: \_\_\_\_\_

STATE REG. NUMBER: \_\_\_\_\_

By checking this box, this form will allow the temporary commercial use of the device described herein, pending its official inspection of the device

NAME: \_\_\_\_\_  
OWNER / MANAGER / USER

**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)

SCALE MANUFACTURER: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

C.O.C. NUMBER: \_\_\_\_\_

SCALE CAPACITY: \_\_\_\_\_

MIN. GRADS: \_\_\_\_\_

WEIGHT APPLIED	SCALE READING	ERROR (+/-)

INSTALLATION MEETS THE REQUIREMENTS OF THE ILLINOIS WEIGHTS & MEASURES ACT? YES NO

SEALED BY: **Wire & Lead**  
**Audit Trail** **Other**

AUDIT TRAIL COUNTER NUMBERS	
CALIBRATION	CONFIGURATION

**REASON FOR PIS?**  
REJECTED RECALIBRATION  
NEW or RELOCATED USED  
REPAIR / OVERHAUL

SHIFT TEST		
WEIGHT APPLIED	SCALE READING	ERROR (+/-)

**SERVICE PERSON DECAL NUMBER**

LOCATION OF SCALE: \_\_\_\_\_

SERVICE COMPANY: \_\_\_\_\_

STATE REG. NUMBER: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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