**Kentucky Department of Agriculture – Office of Consumer & Public Service**
**Division of Regulation & Inspection, 111 Corporate Drive, Frankfort, KY 40601**
**Phone: (502) 573-0282 Fax: (502) 573-0303**

# Placed In Service Report – MEASURING Devices

This report is issued in accordance with KRS – 363 of the Commonwealth of Kentucky and issued:

**TO:** _____
Name of Device Owner

_____
Address

_____
City, State, Zip Code

_____
County

**FOR:** _____
Name of Station

_____
Address

_____
City, State, Zip Code

_____
County

_____
Device Type (Pumps, High Volume Pumps, LP, VTM)

**BY:** _____
**Service Technician**

_____
**Company Represented**

_____
**Address**

_____
**City, State, Zip Code**

Type of Service Rendered: Adjustment ____ Repair ____ New Installation _____ Other:_____

Where Service Was Rendered: _____ On Premises _____ At Shop

Date Requested: _____ Date Finished: _____

**Name of Regulation & Inspection Inspector:** _____

Date Device Was Rejected or Condemned _____ Tag Number _____

| Brand of Meter | Serial Number | Hose/Truck Number | Product Type | Adjusted to: (+) (-) |
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**Service Oath:** I hereby certify that I am registered in the Commonwealth of Kentucky to provide service to measuring devices in accordance with KRS-363 and hold REGISTRATION NUMBER _____.

I have rendered service on the device(s) listed above and said device(s) has/have been adjusted to deliver within NIST Handbook 44 acceptance tolerance and as close to zero error as possible.

**Note:** This report should be filled out its ENTIRETY and in triplicate. The original should be sent to the Kentucky Department of Agriculture, Division of Regulation & Inspection, 107 Corporate Drive, Frankfort, KY 40601, IMMEDIATELY after the work has been completed. Leave one copy with the owner of the device and retain one copy for your files. **Additional copies may be obtained on-line at kyagr.com.**

**Service Person's Signature** _____ **Date** _____