PLACED IN SERVICE REPORT FOR MOTOR FUEL DISPENSERS

RETURN THIS FORM TO
MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION, & FORESTRY
DIVISION OF QUALITY ASSURANCE AND REGULATIONS
STATE HOUSE STATION #28
AUGUSTA, MAINE 04333

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 10, SECTION 2653, R.S. 1964, THE FOLLOWING REPORT IS SUBMITTED.

CHECK ONE:
_______________ THE EQUIPMENT LISTED BELOW HAS BEEN NEWLY INSTALLED.
_______________ THE EQUIPMENT LISTED BELOW HAS BEEN REPAIRED OR ADJUSTED.

IF EQUIPMENT IS NEWLY INSTALLED:
SUPPLY A CURRENT N.T.E.P. CERTIFICATE OF CONFORMANCE OR NUMBER: ____________________

NAME OF BUSINESS:________________________________________________________________________
ADDRESS:________________________________________________________________________________
TOWN OR CITY:_____________________________________________________ZIP_____________________
DEVICE OWNER:____________________________________________________________________________
REGISTRATION # ___________________________________________________________________________

MOTOR FUEL DISPENSERS:

MAKE:___________________ MODEL:_________________ SERIAL#__________________ PUMP #_________

*STATE EXACTLY WHAT WAS DONE_________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

WAS THIS DEVICE CALIBRATED?___________ TEST RESULTS? FAST___________ SLOW____________
TOTALIZER READING: START___________________________ FINISH______________________________

COMMENTS:

REPAIRMAN OR DEALER INFORMATION:

DATE: ___________ SERVICE CO._______________________ TELEPHONE NUMBER:_________________
LICENSE NUMBER:______________________ EXPIRATION DATE:_______________________________

I, _____________________________, CERTIFY THAT THE ABOVE DESCRIBED DEVICE HAS BEEN PLACED INTO SERVICE AND MEETS ALL APPLICABLE STATE REQUIREMENTS. ALL REQUIRED LABELING INFORMATION HAS BEEN AFFIXED AND IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND CORRECT. SECURITY SEALS HAVE BEEN ATTACHED TO ANY ADJUSTMENT MECHANISMS AS REQUIRED.

SIGNATURE:_____________________________________________________________________________

*USE BACK FOR ADDITIONAL SPACE IF NECESSARY.
*Return this form to the above address.