

State of Wyoming, Department of Agriculture
 Technical Services Division
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 http://agriculture.wy.gov

PLACING IN SERVICE REPORT



SCALES (0-1,000 lbs)

MAILING ADDRESS:		LOCATION ADDRESS:	
Firm Name:		Business Name:	
Mailing Address:		Location Address:	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:

DEVICE INFORMATION:					
Device Manufacturer	Model Number	Serial Number	Mfg. Rated Capacity	Scale Division Size	Scale Type (Digital, Analog, Beam)
1.					
2.					
3.					
4.					

INSTALLATION:	APPLICATION:	LOCATION
CHECK ONE: <input type="checkbox"/> New Device Installation <input type="checkbox"/> Replaces Existing Device <input type="checkbox"/> Repaired Device Tag # _____	TOTAL INSTALLED: # of Checkstand Scales: _____ # of Prepackage Scales: _____ # of Bench Scales: _____ # of Postal Scales: _____ # of Floor Scales: _____ # of Platform Scales: _____ # of Other Scales: _____	DEVICE LOCATION: (If Applicable, Example: Deli, Meat, Checkstand #) 1. _____ 2. _____ 3. _____ 4. _____

This report is to certify that the device(s) described above have been repaired, or placed in service, and left correct as REQUIRED BY WYOMING WEIGHTS & MEASURES LAW. This report allows the temporary commercial use of the device(s) described herein, pending its official inspection by the Wyoming Department of Agriculture.

Service Person:	License Number:	
Installed by (Company Name):	Installation Date:	
Address:	Phone:	
City:	State:	Zip:

Additional Comments:

Please retain a copy for your records, provide a copy for establishment and submit a copy to WDA Technical Services Division