Shasta County Placed in Service Report
for Commercial Weighing or Measuring Devices

Registered Service Agency		Location of Device	
*Name		*Company Name	
*Address		*Address	
*City, State, Zip		*City State, Zip	
Phone	( )	*County	
***Agent Name**		***Date of Repair or Placing into Service**	
License #			

Device Information

Device ID** ***(i.e., pump or check stand #)	***Device Manufacturer**	***Model Number**	***Serial Number**	***NTEP CC Number** ***(device or component)***	**Type of Device** ***(capacity if applicable)***

Remarks:

**** REQUIRED INFORMATION Reference: California Code of Regulations, Title 4, Division 9, Chapter 4, Section 4085 (a)(2)***

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