



ARKANSAS  
BUREAU OF  
STANDARDS

## PLACED IN SERVICE REPORT METERS

4608 West 61<sup>st</sup> Street  
Little Rock, AR 72209  
Bureau@aspb.ar.gov  
Phone (501) 570-1159

Newly Installed  
Device

Officially  
Rejected Device

Location Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street City, State Zip*

Location Address: \_\_\_\_\_  
*Street City, State Zip*

TYPE OF METER	METER DESIGN	STORAGE TANK
Truck Meter <input type="checkbox"/>	Make:	<input type="checkbox"/> Below
Dock Meter <input type="checkbox"/>	Model:	Ground
Diesel Pump <input type="checkbox"/>	Maximum GPM:	<input type="checkbox"/> Above
Gas Pump <input type="checkbox"/>	Serial No:	Ground
Mass Flow Meter <input type="checkbox"/>	<b>Note: Serial numbers of the same Make and Model may be recorded on the reverse side.</b>	
Agri-Meter <input type="checkbox"/>	National Type Evaluation Program (NTEP) Certificate of Conformance Number:	
Other Meter <input type="checkbox"/>		
(Specify): _____		

**This Placed in Service Report, and if appropriate the Meter Test Report, must be mailed within 24 hours from the date of service, to the Arkansas Bureau of Standards by a representative of a Registered Service Agency for each device restored to service and for each newly installed device placed in service. If applicable, the rejection tag must accompany this report.**

**This is to certify that I have repaired and/or installed, and left as correct in accordance with the current version of the National Institute of Standards and Technology (NIST) Handbook 44, the device described above.**

Service Agency: \_\_\_\_\_ Reg No: \_\_\_\_\_

Service Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Device Owner/Operator: \_\_\_\_\_

**A copy of this Report MUST be maintained at the device location.**

Remarks: \_\_\_\_\_