



ARKANSAS
BUREAU OF
STANDARDS

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NON-COMPLIANCE REPORT FOR REGISTERED SCALE SERVICE AGENCIES

Location Name: _____ Phone: _____

Mailing Address: _____
Street *City, State* *Zip*

Location Address: _____
Street *City, State* *Zip*

Type of Scale:			
Computing <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Specify): _____	Make:	Model:
Bench/Counter <input type="checkbox"/>		Serial No:	Capacity:
Floor <input type="checkbox"/>		National Type Evaluation Program (NTEP) Certificate of Conformance Number:	
Hopper <input type="checkbox"/>		Reasons for Non-Compliance:	
Vehicle <input type="checkbox"/>		1. _____	
Railway <input type="checkbox"/>		2. _____	
Other <input type="checkbox"/>		3. _____	

Remarks: _____

Service Agency: _____ Registration No: _____

Service Agent Name: _____ Date: _____

Device Owner/Operator: _____

PLEASE PRINT

Device Owner/Operator Signature: _____