



Oklahoma Department of Agriculture, Food & Forestry
 Consumer Protection Services
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Placing In Service Scale Report

Firm: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 County: _____ Scale Location: _____
 Owner/Manager: _____

Type of Device: Digital Dial Beam Capacity _____ Xd _____

Make _____ Model _____ Class _____

Indicator NTEP Certificate of Conformance (C/C) #: _____ Indicator S/N: _____
 Weighing Element C/C #: _____ Weighing Element S/N: _____
 Load Cell NTEP C/C#: _____

The above device is: Replacement Scale: Replaces S/N: _____
 Additional Scale: Rejected Scale:
 Loaner Scale:

Reason for Service: Scale rejected by ODAFF: Red tag Attached:
 Service Agreement: How Often: _____
 New Scale: Service Requested by: _____

Was there a charge: Yes No Was the State Inspector Present: Yes No

Name of Scale Company Represented: _____
 Address, City, State & Zip of Scale Company: _____

Technician Name(s): _____ License #: _____

Describe all repairs performed & adjustments made: _____

By marking this box, the above named licensed technician certifies that within the last five (5) days, I have tested and placed the above device into service and that it complies with the laws of the State of Oklahoma.

For Official Use Only

S/N: _____ Date of Inspection _____
 New Scale: _____ Follow-Up Scale: _____ Sealed as Correct: _____ Rejected: _____
 Remarks: _____

Inspector _____