Operator No. Date Date Last Tested							C	Check All That Apply						
Name of Business Location of Device									☐ Self-Certification ☐ New Installation ☐ Routine Service ☐ Annual ☐Semi-Annual					
Mailing Address								☐ Equipment Repaired ☐ Rejected Equipment Tag # (Attach)						
								☐ Non-Commercial ☐ Service Contract? Expires						
City State Zip Code								☐ Variance Posted? ☐ Yes ☐ No						
County Telephone Number														
Standard	Head			Size					- 1	Last (Cal. Date			
Standard Osed														
						TYPE O	E DEVIC	E/PSC CC	ODF					
		1	Mobile Delivery		LPG Propane		Liquid Fert./Agri C			Pipeline/Transport		CNG	Other	
16		l	19		21G		21F			20		21C		
Fill out	all that	apply:										· · · · · · · · · · · · · · · · · · ·		
Device	Meter/ Pump/	Product	Seri #		Variance As Found As			eft	Meter : Totalizer		Factor/ Readings	Money Error	Approved (A) Rejected (R)	
Code Hose			*			(State Units)			Befo	re After				
		-												
		1												
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		-												
		<u> </u>								****				
·														
I hereby	declare th	e statemen	nts made here	are correct	t:				F	EMA	RKS & AD.	JUSTMENTS I	MADE	
			nal devices a	t this locati	on that	require								
	Yes D		TICKER BEEN	I APPLIED?	□ YE	S I NO								
HAS SE	JONII I SE	AL AND O	TIOREN BEEN	ATTELED!	٠. ت		_							
☐ Approved ☐ Rejected Service Agency (Print)														
Inspector/Permit Holder Signature Permit No.							No.							
Owner -	Operator :	Signature												
	L	-												

Invoice Number

1 Copy to Public Service Commission, 600 E. Boulevard Avenue, Bismarck, ND 58505 / 1 Copy to Owner/Operator