



MEASURING DEVICES STATEMENT OF COMPLIANCE



ALL INFORMATION MUST BE PROVIDED

(As required under Section 43-48 of the Connecticut General Statutes)

COMPLETE THIS FORM AND MAIL TO:
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WEIGHTS & MEASURES DIVISION
450 COLUMBUS AVENUE
HARTFORD, CT 06103

STATEMENT FROM (Firm Name):

--

NAME OF DEVICE USER (Sold to, Repaired for, Etc.)

--

LOCATION OF DEVICE (Street, Town)

--

DATE OF SERVICE:

--

MAKE

--

MODEL

--

SERIAL NO.

--

CAPACITY OR SIZE

--

TYPE OF DEVICE (Gas Dispenser, Oil Truck Meter, Taxi Meter, Etc.)

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REPAIRED
OR REBUILT

ADJUSTED

SOLD

TRUCK MAKE

TRUCK REG NUMBER

TRAILER MAKE

TRAILER REG NUMBER

DISPENSER NUMBER

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THE UNDERSIGNED CERTIFIES THAT THE DEVICE DESCRIBED ABOVE HAS BEEN ALTERED, REBUILT, REPAIRED OR INSTALLED TO CONFORM TO CONNECTICUT SPECIFICATIONS, TOLERANCES AND REGULATIONS.

Signature of Repairman

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License No.

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Signature of Dealer

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License No.

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