Form 4/2018

STATE OF MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

Weights and Measures Division

P. O. Box 1609 Jackson, MS 39215-1609 Phone: 601-359-1149

SERVICE REPORT FORM

This is to certify that I have on this day repaired and or placed in service the following described device and it now complies with the Laws of the State of Mississippi

Location of Device _____ Date _____

Street Address _____ City _____ State ____ Zip _____ County _____

Type of Device:	Precision Scale ☐	Small Scales 0-30 lbs. ☐	Intermediate Scales 31-10,000 lbs. ☐	Heavy Scales 10,001 + lbs. ☐

NTEP CC Number	Device Capacity	Make	Model	Serial No.	New Installation Date

STATUS OF DEVICE PRIOR TO SERVICE

1. Was the above described device rejected? Yes ☐ No ☐

2. Date of rejection _____ Red tag number (if any) _____

3. Describe work performed: _____

_____

_____

Name of Service Repair Company or Firm: _____

Address _____ City _____ State _____ Zip _____

Repairman Name: _____ Repairman License No.: _____

Note: Mail to above address or fax to 601-359-1175 within 3 days after repair or email wm@mdac.ms.gov