## MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE

Bureau of Regulatory Services
Petroleum Products Inspection Division

P. O. Box 1609 Jackson, MS 39215-1609 Phone: 601-359-1101

## SERVICE REPORT FORM RETAIL MOTOR FUEL DISPENSER

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

	Date				2	
Location of Device (Bu	siness ID/Store name)					
Street Address						
City	ty		ateZij	Cou	County	
/AH		TT 11 1 44 1	10.0.0.1 12.2	0.0.4.4)		
Device Capacity	cated on ID plate on device  Make of Device	_	Pump #		Certificate of	
GPM (Gallons/Min)	(Brand Name)	Model #	(i.e. 1/2)	Serial #	Conformance #	
	STATUS OF RETAIL	MOTOR FUEL	DEVICE PRIOI	R TO SERVICE		
Were the above described devices rejected? Yes Date of rejection					No	
Were the above described devices a new installation? Yes  Date of install						
Name of Service Repair	r Company Represented:					
Address		City		State	Zip	
Repairman Name:			Re	pairman License l	No.:	

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