



WEIGHING 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)

Department or Checkout # of device:

DATE of SERVICE:

MAKE

MODEL

SERIAL NO.

CAPACITY

TYPE OF DEVICE (Retail Scale, Vehicle Scale, Etc.)

REPAIRED
OR REBUILT

ADJUSTED

SOLD

AMOUNT OF CALIBRATED TEST WEIGHTS
USED TO TEST THIS DEVICE:

SECTION TEST INDICATIONS - FOR ALL MOTOR TRUCK AND AXLE LOAD SCALES:

1

2

3

4

5

6

LBS.

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

License No.

Signature of Dealer

License No.