

## Weights and Measures Installation/Repair Notification Form

This notice must be emailed to the Bureau ([RA-wgths&measures@pa.gov](mailto:RA-wgths&measures@pa.gov)) and the appropriate Regional Supervisor within **48 hours** of the installation or repair in accordance with Title 70, Chapter 6, Section § 6.6 and the Bureau's policy guidance. Failure to report installations or repairs as required will result in suspension or revocation of your ability to sell, install or repair devices overseen by the Bureau in Pennsylvania. In the event of an emergency this form may be faxed (717-783-4158).

**This form must be filled out completely to be accepted as proper notice**

<b><u>Location of Device(s)</u></b>			
Business Name		Date	
Street		Telephone #	
City	State	Zip	County/County #
<input type="checkbox"/> <b><u>New Installation</u></b> <input type="checkbox"/> <b><u>Repair</u></b> <input type="checkbox"/> <b><u>Seller</u></b>			
<input type="checkbox"/> Precious Metal Scales	<input type="checkbox"/> High Volume Dispenser Meters (> than 20 GPM)		
<input type="checkbox"/> Small Capacity Scales (0-1,000 lbs.)	<input type="checkbox"/> Vehicle Tank Meters		
<input type="checkbox"/> Medium Capacity Scale (1,001 – 10,000 lbs.)	<input type="checkbox"/> Liquid Propane Gas Meters		
<input type="checkbox"/> Large Capacity Scales (10,000 lbs. +)	<input type="checkbox"/> Load Rack Meters		
<input type="checkbox"/> Fuel Dispenser Meters	<input type="checkbox"/> Other _____		
<b><u>Device Information</u></b>			
Manufacturer Name(s)			
Manufacturer Model #(s)			
Device Serial #(s)			
Describe the repair(s)			
<b>Was/were the security seal(s) broken?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, new seal ID#:			
If yes, why?			
Did it effect the calibration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>Registered Seller/Installer/Repairer Company Information</u></b>			
<b>Date of new installation or repair:</b>			
Type & size of test measure:		Serial #:	
Business Name		SIR Name:	
Street		SIR #:	
City	State	Zip	
Contact Person		Telephone #	
Email Address			