



New Hampshire Department of Agriculture, Markets & Food
Division of Weights and Measures
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PLACED IN SERVICE / INSPECTION REPORT FORM
TAXI METERS

PLEASE PRINT LEGIBLY OR TYPE

Date:	Service Technician:	Lic.#:	Page	of	W & M Acct.#:
Name of Business:					Remarks:
Address:					
City:			State:		Zip Code:

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Certified: <input type="checkbox"/> Stamp #:	Certified: <input type="checkbox"/> Stamp #:	Certified: <input type="checkbox"/> Stamp #:
Test & Calibrate: <input type="checkbox"/> Rejected: <input type="checkbox"/> Repaired: <input type="checkbox"/>	Test & Calibrate: <input type="checkbox"/> Rejected: <input type="checkbox"/> Repaired: <input type="checkbox"/>	Test & Calibrate: <input type="checkbox"/> Rejected: <input type="checkbox"/> Repaired: <input type="checkbox"/>
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MAKE OF METER: SERIAL #:	MAKE OF METER: SERIAL #:	MAKE OF METER: SERIAL #:
DROP \$	DROP \$	DROP \$
PLUS \$ PER 1/10 MILE OR \$ PER 1/6 MILE	PLUS \$ PER 1/10 MILE OR \$ PER 1/6 MILE	PLUS \$ PER 1/10 MILE OR \$ PER 1/6 MILE
ODOMETER READING-ENDING:	ODOMETER READING-ENDING:	ODOMETER READING-ENDING:
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TOTAL MILES:	TOTAL MILES:	TOTAL MILES:
TOTAL MONEY VALUE \$:	TOTAL MONEY VALUE \$:	TOTAL MONEY VALUE \$:

The licensee shall complete this form accurately. This form and any official rejection tag removed from the device shall be sent via mail, email, or fax within 5 days to **NH Department of Agriculture, Markets and Food, Division of Weights and Measures, PO Box 2042, Concord, NH 03302-2042**. I certify that the device(s) listed above meet(s) all requirements set forth in NIST Handbook 44 for commercial devices and were tested using accepted test procedures in accordance with NIST Handbook 112: Examination Procedure Outlines for Weighing and Measuring Devices.

SIGNATURE OF SERVICE TECHNICIAN _____ DATE _____