

MISSISSIPPI DEPARTMENT OF AGRICULTURE  
Bureau of Regulatory Services  
Petroleum Products Inspection Division  
P. O. Box 1609  
Jackson, Mississippi 39215-1609  
601-359-1101

**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 \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Type of Device:  Retail Motor Fuel Dispenser  Scale  Other: \_\_\_\_\_

Device Capacity \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Pump No./Serial No. \_\_\_\_\_

**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. Was the above described device a new installation? Yes  New Installation Date \_\_\_\_\_ No

Name of service 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 [pp@mdac.ms.gov](mailto:pp@mdac.ms.gov)**

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