CPW-125B (REV 7/93)

Print Form

MEASURING DEVICES
STATEMENT OF COMPLIANCE

ALL INFORMATION MUST BE PROVIDED

(As required under Section 43-48 of the Connecticut General Statutes)

DCP

COMPLETE THIS FORM AND MAIL TO:
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
WEIGHTS & MEASURES DIVISION
165 CAPITOL AVENUE
HARTFORD, CT 06106

STATEMENT FROM (Firm Name):

NAME OF DEVICE USER (Sold to, Repaired for, Etc.)

LOCATION OF DEVICE (Street, Town)

DATE OF SERVICE:

MAKE | MODEL | SERIAL NO. | CAPACITY OR SIZE

TYPE OF DEVICE (Gas Dispenser, Oil Truck Meter, Taxi Meter, Etc..)

REPAIRED OR REBUILT ☐ ADJUSTED ☐ SOLD ☐

TRUCK MAKE	TRUCK REG NUMBER	TRAILER MAKE	TRAILER REG NUMBER	DISPENSER NUMBER

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.