CPW-125A (REV 7/93)

Print Form

WEIGHING 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:	STATEMENT FROM (Firm Name):
STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION WEIGHTS & MEASURES DIVISION 165 CAPITOL AVENUE HARTFORD, CT 06106	

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:

LBS.

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

1	2	3	4	5	6

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.