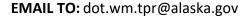
STATE OF ALASKA
DIVISION OF MEASUREMENT STANDARDS
& COMMERCIAL VEHICLE COMPLIANCE
12050 INDUSTRY WAY, BUILDING O #6
ANCHORAGE, ALASKA 99515
907-365-1210





DEVICE INSPECTION REQUEST

Date of Request:	Date of Service:
Location of Device:	Contact Phone:
Contact Email:	Contact Person:
Type of Device Being Tested:	
Billing Email Address (Required):	
Company Name & Address:	Billing Address (If Different):
	a special trip by a Weights & Measures Inspector to the location of be billed to your company and may include, but are not limited to: te ge
State of Alaska DOT & PF Project? Yes	No Project Engineer
<u>PLEASE NOTE:</u> If your device <u>does not</u> pass the Measures, these costs will also be billed to you	INITIAL INSPECTION, and <u>return trips</u> are required by Weights and ir company.
l,	, am an authorized representative ofand I agree to the conditions set forth.
Purchase Order Number:	Signed:

By signing this document, you attest that this device is <u>ready for testing</u> and complies with all applicable regulations. This service cannot be scheduled until this signed authorization form is received.