

PORTABLE SCALE REPORT

Owner _____ Date ___/___/___

Address _____

(Street)

ZIP _____

(City)

(State)

Scale Make _____ Model _____

Capacity _____ Platform Size _____

Location _____

(County)

(Township)

(Section)

Quarry Name _____

Remarks: Was scale found to meet the specifications and tolerance set by the Iowa Department of Agriculture? _____

If the answer to above is "no," did you make necessary repairs to bring it into specification and tolerance of the Iowa Department of Agriculture? _____

AFFIDAVIT

The undersigned registered scale technician certifies that the above described Portable scale has been inspected and found to be within weight specifications and tolerance specified under the laws, rules and regulations of the State of Iowa.

Signed: _____

(Scale Technician)

(Registration Number)

Company: _____

Instructions

1. Materials producers will forward one signed copy of this report to Chief, Weights and Measures Bureau, Iowa Department of Agriculture, Wallace Building, Des Moines, Iowa 50319.
2. One signed copy of this report must be conspicuously posted in the scale house.
3. Portable scales, not installed permanently, are not intended to be used at any location for more than 90 days.

