

**STATE OF ALASKA
DIVISION OF MEASUREMENT STANDARDS
Weights & Measures
12050 INDUSTRY WAY, BUILDING "O"
ANCHORAGE, ALASKA 99515**

Anchorage 1-907-365-1210 Fax 1-907-345-2313
Fairbanks 1-907-451-2862 Fax 1-907-451-2864
Juneau 1-907-789-9763 Fax 1-907-789-0069

DEVICE INSPECTION REQUEST

Date of Request: _____ Trip #: _____

Request made by: (first & last name): _____

Company Name & Address

Billing Address, if different

Type of device to be tested: _____

Physical location of device: _____

Contact person on job site: _____

Phone number: _____ Your fax number: _____

Date or dates you wish to have the inspector on site: _____

It is understood that this request will require a **special trip** by a Weights & Measures Inspector to the location of your device. Expenses incurred on this trip will be billed to your company and may include but are not limited to:

Round trip shipping costs for test equipment.
\$500.00 daily cost for truck or trailer mounted equipment.
Daily meal allowance
Daily hotel cost.
\$40.00hr standby time; \$55.00hr overtime costs
Round trip airline cost.
Loading/Unloading costs for ferry/barge service.

PLEASE NOTE: If your device **does not** pass the INITIAL INSPECTION, and **return trips** are required by Weights and Measures, these costs will also be billed to your company.

Repair company on site at time of inspection. Yes _____ No _____ Co. Name: _____

I am an authorized representative of _____ and I agree to the conditions set forth.

Purchase Order Number: _____ Signed: _____

We cannot schedule this trip until we receive this signed authorization form.