

OFFICIAL ANNUAL TEST REPORT FOR GAS STATIONS

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DATE:	: LOCATION NAME:						EMAIL:				PHONE:			
COUNTY:	DDRESS:				CITY:				STATE:					
MAILING ADDRESS:							CITY:				ATE:	ZIP:		
NO. PUMPS:	STED:	ED: BLF			MPS: YES 🗆 🛚 N	NO. TAN	NO. TANKS BELOW GROUND:							
SERVICE AGENCY: REG. NO:							PHONE: NO. TANKS			KS AB	S ABOVE GROUND:			
IDENTIFY PRODUCTS BY CODE, IF OTHER SPECIFY: UNLEADED-U, MIDGRADE-M, PREMIUM-P, DIESEL-D, OFF-ROAD DIESEL-O							RECORD ERROR IN CUBIC			PRICE COMPUTATION =				
*If completing this form electronically select the product tested from the available drop down menu choices below.							INCHES (in³) + or – AS LEFT			GALLONS DELIVERED X UNIT PRICE				
PRODUCT	PUMP#	MAKE	MODEL	SERIA	AL#	NTEP CC#	NORMAL TEST	SPECIAL TEST	AS LEFT		GALLONS DELIVERED	UNIT PRICE	PRICE COMPUTATION	
REMARKS:														
By signing th	is form, th	ne Servicing Agen	t states; (1)	the de	vices above	e were inspected	and tested in ac	cordance with th	e current Ex	kamina	tion Pro	ocedure C	Outline (EPO) as	
		titute of Standards	s and Techno	ology's H	Handbook	112 and Handbo	ok 44; (2) the dev	vices above comp	ly with all a	pplica	ble requ	uirements	as specified in	
Handbook 44.	•		1											
Se	1	Service Agent Printed Name				Owner / Operator Signature			Owner / Operator Printed Name					