

1320 Research Park Drive  
Manhattan, Kansas 66502  
(785) 564-6700



900 SW Jackson, Room 456  
Topeka, Kansas 66612  
(785) 296-3556

Jackie McClaskey, Secretary

Governor Sam Brownback

### Meter DI701 Form

Name of Service Company \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address of Service Company \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Facility \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Physical Location of Device if not located at the address above \_\_\_\_\_

#### DEVICE INFORMATION

New Installation  Existing Installation  NTEP CC NUMBER FOR DEVICE \_\_\_\_\_

New Device  Used Device  Model Number of Device \_\_\_\_\_

#### METER INFORMATION

Retail  Wholesale  LPG  VT  NTEP CC NUMBER FOR METER \_\_\_\_\_

Gallons per Min: Max \_\_\_\_\_ Min \_\_\_\_\_ Model Number of Meter \_\_\_\_\_

Manufacturer and Serial Numbers of New Device(s)

Serial Numbers and KDA Number of Removed Device(s)

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REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Company ID# \_\_\_\_\_ Technician \_\_\_\_\_ ID# \_\_\_\_\_

KDA requires that a test report must be submitted with the Device Installation report no later than 10 days after the service has occurred. If multiple devices installed at the same facility are not covered by the same Certificate of Conformance number additional Device Installation report forms must be completed stating the certificate number of each device.

**Original to Weights and Measures – Copy to be retained by facility and by service company.**

DI-701-09