Customer Name: ________________________________
Service Address: ________________________________
Device Location: ________________________________
Base Meter Number: ________________________________

The above report is certified to be true.

INITIAL TEST DATE: ____________________
INITIAL TEST BY (SIGNATURE) ____________________
PRINT NAME OF TESTER COMPANY ____________________
PHONE NUMBER ____________________
CERT. TESTER NO. ____________________
MO. ___________ DAY ___________ YR. ___________

REPAIRED BY (PRINT NAME) ____________________
MO. ___________ DAY ___________ YR. ___________

FINAL TEST DATE: ____________________
FINAL TEST FOR REPAIR (SIGNATURE) ____________________
PHONE NUMBER ____________________
CERT. TESTER NO. ____________________
MO. ___________ DAY ___________ YR. ___________

Test Kit: ____________________ Serial Number ____________________ Certified Date: ____________________

This Assembly: [ ] PASSED [ ] FAILED