



## PLACED IN SERVICE REPORT

**Must be mailed, faxed or e-mailed within 10 days** after installing a new or used commercial device, restoring a condemned or rejected commercial device to service, or performing major repairs to a commercial device.

New Installation                       Rejected Device                       Other Repair   
 Replacement  
 Addition

Remarks:
Date:
Device Owner:
Device Location:
City: <span style="float:right">State:</span>
Parish: <span style="float:right">Zip Code:</span>
Phone:

Type of Device	Capacity	Make	Serial No.	Model No.

New Installation must have Certificate of Conformance Number:
Service Agency:
License Number:
Address:
City: <span style="float:right">State:</span> <span style="float:right">Zip Code:</span>
Phone:
Service Person: <span style="float:right">License Number:</span>

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**For LDAF Use Only**

Date Inspected: \_\_\_\_\_ Inspected By: \_\_\_\_\_  
 Approved:                       Rejected:                       Red Tagged: