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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)

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