

STATE OF ALASKA
DIVISION OF MEASUREMENT STANDARDS
& COMMERCIAL VEHICLE COMPLIANCE
12050 INDUSTRY WAY, BUILDING O #6
ANCHORAGE, ALASKA 99515
907-365-1210



EMAIL TO: dot.wm.tpr@alaska.gov

DEVICE INSPECTION REQUEST

Date of Request: _____ Date of Service: _____

Location of Device: _____ Contact Phone: _____

Contact Email: _____ Contact Person: _____

Type of Device Being Tested: _____

Billing Email Address (Required): _____

Company Name & Address:	Billing Address (If Different):
_____	_____
_____	_____
_____	_____
_____	_____

It is understood that this request will require a special trip by a Weights & Measures Inspector to the location of your device. Expenses incurred on this trip will be billed to your company and may include, but are not limited to:

- Heavy Duty Trucks – State Project Rate
- Light Duty Trucks and Trailers - Mileage
- Daily Per Diem / Daily Lodging
- Inspector Time at \$50 Hour
- Round trip airline cost
- Loading/unloading costs for ferry/barge service

State of Alaska DOT & PF Project? Yes No Project Engineer _____

PLEASE NOTE: If your device **does not** pass the INITIAL INSPECTION, and **return trips** are required by Weights and Measures, these costs will also be billed to your company.

I, _____, am an authorized representative of _____ and I agree to the conditions set forth.

Purchase Order Number: _____ Signed: _____

By signing this document, you attest that this device is ready for testing and complies with all applicable regulations. This service cannot be scheduled until this signed authorization form is received.