



# SPLIT-WEIGH ACKNOWLEDGMENT AND AGREEMENT

PUBLIC SERVICE COMMISSION

SFN 19932 (07/2020)

N.D.C.C. § 64-03-07 permits variations to the state standard measurement and weights provided that both parties to a commercial transaction have actual knowledge of those variations. The undersigned parties hereby agree to waive the requirement for single-draft weighing as provided for and established in N.D. Admin. Code § 64-10-03-01 which adopts the National Institute of Standards and Technology Handbook No. 44, Section 2.20., Scales, UR.3.3.

The undersigned customer does hereby permit the operator to split-weigh, for the purpose of establishing net weight in order to complete any commercial transaction between the customer and the operator for:

(check one)

- a period of two years from the date of signing; or
- until \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) if the period is to be less than two years.

Additionally, the following procedures will be observed during the split-weighing operation:

- USE OF VEHICLE BRAKES WILL BE PROHIBITED**
- VEHICLE TRANSMISSION WILL BE IN NEUTRAL**
- CHOCKING OF VEHICLE WHEELS SHALL BE DISCOURAGED**

It shall be understood between the undersigned customer and the operator, that use of the split-weigh method for determining net weight of a commodity may result in an inaccurate weight.

Notwithstanding the above agreement, it shall be understood between the undersigned customer and the operator, that in lieu of signing this agreement to permit split-weighing during this or any future commercial transactions, the customer may choose to decouple the combination unit. During the decoupling by the customer, the operator will separately weigh each individual unit, then add each unit weight together, both when full and empty, to determine the commodity net weight.

We, the undersigned customer and operator, have read the above agreement and do hereby agree to permit split-weighing for all commercial transactions between the designated dates.

Customer's Signature		
Customer's Printed Name		
Business Name (if applicable)		
Address		
City	State	ZIP Code
Telephone Number		
Email Address		
Date Signed		

Authorized Operator Representative's Signature		
Operator Representative's Printed Name		
Business Name		
Address		
City	State	ZIP Code
Telephone Number		
Email Address		
Date Signed		

**ORIGINAL COPY MUST BE MAINTAINED IN THE SCALE OWNER/OPERATOR'S FILES FOR A PERIOD OF TWO YEARS FROM THE DATE OF SIGNING**