



# APPLICATION FOR REGISTRATION AND PERMITTING OF A SERVICE PERSON

PUBLIC SERVICE COMMISSION

SFN 16415 (07/2021)

**TYPE OR PRINT – AN INCOMPLETE OR ILLEGIBLE APPLICATION WILL BE REJECTED**

**APPLICANT:** An annual application for authority as a registered service person must be filed with the Commission prior to conducting any service work on commercial weighing or measuring devices. N.D. Admin. Code § 69-10-04-02.

## SECTION I – APPLICANT INFORMATION

Name of Applicant	Email Address	Telephone Number	
Mailing Address	City	State	Zip Code

## SECTION II – EMPLOYER INFORMATION

Employer Name			
Contact Person	Email Address	Telephone Number	
Mailing Address	City	State	Zip Code

## SECTION III – TESTS AND FEES

Indicate the tests the applicant is requesting to take and total the fees.					
<input checked="" type="checkbox"/>	GENERAL TEST	\$ 25.00	<input type="checkbox"/>	RETAIL MOTOR FUEL	\$ 10.00
<input type="checkbox"/>	LARGE SCALE	\$ 10.00	<input type="checkbox"/>	VEHICLE TANK / STATIONARY BULK	\$ 10.00
<input type="checkbox"/>	SMALL SCALE	\$ 10.00	<input type="checkbox"/>	LPG / ANHYDROUS	\$ 10.00
<input type="checkbox"/>	BELT CONVEYOR	\$ 10.00	<input type="checkbox"/>	LOADING RACK	\$ 10.00
			<input type="checkbox"/>	MASS FLOW	\$ 10.00
<b>TOTAL TESTING FEE</b> (Add together each individual test fee to obtain the total testing fee)					\$ _____
<b>REGISTERED SERVICE PERSON PERMIT FEE</b>					\$ 50.00
<b>GRAND TOTAL</b> (Add together the Total Testing Fee PLUS the Permit Fee to obtain the grand total)					\$ _____
<b>Submit this amount with the application package, or the applicant will NOT be scheduled for testing.</b>					

## SECTION IV – REQUESTED TEST DATES

<p>Reference the Public Service Commission’s website for testing dates. Indicate preferred dates of testing in the space provided to the right in order of preference.</p> <p><b>Please Note:</b></p> <ul style="list-style-type: none"> <li>• Tests are an individual effort;</li> <li>• Applicants <b>MUST</b> pass all required tests with a minimum of 80%; and</li> <li>• The tests are open book, and the Commission will provide the following:               <ul style="list-style-type: none"> <li>○ a copy of current North Dakota laws and rules,</li> <li>○ a copy of the currently adopted edition of NIST Handbook 44, and</li> <li>○ a calculator.</li> </ul> </li> </ul>	1.
	2.
	3.

## SECTION V – PERMIT HISTORY

Has the applicant previously held a permit as a Registered Service Person in North Dakota within the last two years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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## SECTION VI – EDUCATION OR WORK EXPERIENCE

The applicant must provide a history of education or work experience to show they are fully qualified to install, service, repair, recondition, test, and certify a commercial weighing or measuring device. Applicants may only qualify to test devices for which they have met the education and work history requirements.

INDICATE THE APPLICABLE WORK EXPERIENCE OR EDUCATION REQUIREMENT	Mark Only One
1. Sixty days of on-the-job training directly related to the installation, maintenance, repair, and calibration of all device types the applicant will be certifying or placing into service. <b><u>Attach completed form SFN 54027 – Registered Service Person Work History</u></b>	<input type="checkbox"/>
2. Satisfactory completion of a manufacturer’s in-depth training course covering the installation, maintenance, repair, and calibration of each device type the applicant will be certifying or placing into service. <b><u>Attach proof of course completion</u></b>	<input type="checkbox"/>
3. Applicant holds a current certification from another state as a registered service person for at least sixty days with authority to certify or place weighing or measuring devices into service. <b><u>Attach proof of current certification</u></b>	<input type="checkbox"/>

## SECTION VII – APPLICANT’S CERTIFICATION

By signing this form, I certify:

- I am fully qualified to install, service, repair, recondition, test, and certify the Weighing or Measuring device types for which permitting is being requested;
- I will only certify or place in service the device type(s) I am authorized for;
- I will use adequate and current field standards in the course of my duties; and
- I have examined this form and accompanying documentation and to the best of my knowledge and belief, the facts stated herein and attached to this application are true, correct, and complete.

Applicant’s Signature	Date
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## SECTION VIII – EMPLOYER’S CERTIFICATION

By signing this form, I certify:

- I have authority to represent the company listed above;
- The applicant listed on this form is a current employee of the company;
- The company possesses adequate and current field standards for use by the applicant; and
- I have examined this form and accompanying documentation and to the best of my knowledge and belief, the facts stated herein and attached to this application are true, correct, and complete.

Employer’s Signature	Printed Name	Date
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**MAIL COMPLETED APPLICATION, FEES, AND RELATED DOCUMENTS TO:**

**Public Service Commission  
Compliance Division  
600 E. Boulevard Ave. Dept. 408  
Bismarck, ND 58505-0480**