



REGISTERED SERVICE PERSON WORK HISTORY

PUBLIC SERVICE COMMISSION

SFN 54027 (07/2021)

TYPE OR PRINT – AN INCOMPLETE OR ILLEGIBLE FORM WILL BE REJECTED

APPLICANT: Individuals applying for authority and permitting as a Registered Service Person utilizing the work history requirement for qualification must have completed a total of 60-days of on-the-job training (OJT) directly related to the installation, maintenance, repair, and calibration of all device types the applicant will be certifying or placing into service. *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 – WORK HISTORY

Documenting Work History: To develop a system to easily document the 60-days of OJT and to account for extended work days, Staff has calculated an hour requirement based upon an eight-hour work day. See calculation below:

$$\begin{array}{r}
 60 - \text{Days OJT} \\
 \times 8 - \text{Average work day} \\
 \hline
 480 - \text{Required OJT Hours}
 \end{array}$$

Use the space to document a minimum of 480 OJT hours indicating the device type, work performed, and number of hours.

| Date Range | Device Type | Description of Work Performed | Hours |
|-------------------------|-------------------------|--|-------|
| 01-01-2021 – 02-28-2021 | Retail Motor Fuel Pumps | Installed, calibrated, and serviced retail motor fuel pumps. | 240 |
| 01-01-2021 – 02-28-2021 | Vehicle Tank Meters | Calibrated vehicle tank meters, installed new meters, serviced meters by replacing printers and meter heads. | 240 |
| | | | |
| | | | |
| | | | |

WORK HISTORY (Continued)

| Date Range | Device Type | Description of Work Performed | Hours |
|--------------------|-------------|-------------------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL HOURS | | | |

SECTION IV – APPLICANT’S CERTIFICATION

By signing this form, I certify the information given herein is true and is an accurate account of the training and work experience applicable to the areas of service for which I am seeking placing in service authority for the State of North Dakota.

| | |
|-----------------------|------|
| Applicant’s Signature | Date |
|-----------------------|------|

SECTION V – EMPLOYER’S CERTIFICATION

By signing this form, I certify I have examined this form and to the best of my knowledge and belief, the facts stated herein are true, correct, and complete.

| | | |
|----------------------|--------------|------|
| Employer’s Signature | Printed Name | Date |
|----------------------|--------------|------|

ATTACH THIS FORM TO THE APPLICANT’S APPLICATION FOR REGISTRATION AND PERMITTING OF A SERVICE PERSON

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

**Phone: 701-328-2400
Website: www.psc.nd.gov
Email: sbauske@nd.gov**