



APPLICATION FOR REGISTRATION AS A REGISTERED SERVICE COMPANY

Public Service Commission SFN 51277 (2/2014)

TYPE OR PRINT - AN INCOMPLETE OR ILLEGIBLE APPLICATION WILL BE REJECTED

Form with fields: Name of Company, Email Address, Application Date, Mailing Address, City, State, Zip Code, Telephone Number, Cell Phone Number, Fax Number.

Select below all device types your company will certify:

Form with two columns: Scales (include maximum capacity, if applicable) and Liquid (include maximum flow rate, if applicable). Includes checkboxes for various device types.

List below all persons employed by your company as a North Dakota Registered Service Person and the device types they are registered to certify (attach a separate sheet to list additional employees):

Table with 3 columns: Permit No., Employee, Device Types Registered to Certify. Includes handwritten entries for permit 1463 and employee Clayton Schauer.

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List below all field standards (attach current calibration reports):

50 th weights Qty 5	
25 th weights Qty 6	
Tromner. 31 st Weight Kit	
21 decimals C Fractionals.	
Rice Lake. Weight Kit 31.11 st	
10 th - .001 st	

HOBART
TESTED AND APPROVED
18 South 14th Street
Fargo, ND 58103
Tel: (701) 237-5240

1	2	3	4	5	6
7	8	9	10	11	12
15	16	17	18	19	20

Additional Application Items (initial where appropriate):

Standardized Test Report	J.D. <input checked="" type="checkbox"/> Copy enclosed <input checked="" type="checkbox"/> No change in report filed previously
Tested and Approved Sticker	J.D. <input checked="" type="checkbox"/> Copy enclosed <input type="checkbox"/> No change in sticker filed previously
Photocopy of Crimped Lead Wire Seal	<input type="checkbox"/> Copy enclosed <input type="checkbox"/> No change in crimped lead wire seal filed previously J.D. <input checked="" type="checkbox"/> DO NOT HAVE ONE.

Public Company Listing:

Include my company information on your registered service company list for public contact.

Yes No

I am Jeff Doyle President and have authority to represent this company.
By signing this application, I declare that I have examined this form and accompanying documentation, and to the best of my knowledge and belief, the facts stated and documentation provided is true, correct, and complete.

x Jeff D. Doyle
Signature

Send Completed Application and Related Documents To:

Public Service Commission
600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400
Fax: (701) 328-2410