



APPLICATION FOR REGISTRATION AS A REGISTERED SERVICE COMPANY

Public Service Commission
SFN 51277 (4/2013)

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

Name of Company <i>Jeffrey D Doyle Inc. dba Hobart Sales & Service</i>		Email Address <i>hobartfargo@yahoo.com</i>		Application Date <i>9-14-15</i>	
Mailing Address <i>18 - 14th St So</i>		City <i>FARGO</i>		State <i>ND</i>	Zip Code <i>58103</i>
Telephone Number <i>701-237-5240</i>		Cell Phone Number		Fax Number <i>701-235-0772</i>	

Select below all device types your company will certify:

Scales (include maximum capacity, if applicable)	Liquid (include maximum flow rate, if applicable)
<input type="checkbox"/> 1. Rail <input type="checkbox"/> 2. Truck <input type="checkbox"/> 3. Livestock <input type="checkbox"/> 4. Hopper: Max. Capacity: _____ <input type="checkbox"/> 5. Belt <input checked="" type="checkbox"/> 6. Over 30 lbs.: Max. Capacity: <i>400</i> <input checked="" type="checkbox"/> 7. 30 lbs. or less <input type="checkbox"/> 8. Class II (indicate on your calibration report which weight kit is Class II certified) <input type="checkbox"/> 9. Other: Please List:	<input type="checkbox"/> 1. Retail Fuel (less than 20 gal. per minute) <input type="checkbox"/> 2. High Flow Retail Fuel (20 gal. per minute or greater) <input type="checkbox"/> 3. Vehicle Tank: Max. Flow Rate: _____ <input type="checkbox"/> 4. Stationary Bulk (fuel or oil): Max. Flow Rate: _____ <input type="checkbox"/> 5. LPG <input type="checkbox"/> 6. Stationary LPG <input type="checkbox"/> 7. Fertilizer: Max. Flow Rate: _____ <input type="checkbox"/> 8. Chemical <input type="checkbox"/> 9. Anhydrous <input type="checkbox"/> 10. Loading Rack <input type="checkbox"/> 11. Other: Please List:

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):

Permit No.	Employee	Device Types Registered to Certify (list using device type numbers from above)
<i>e.g. 1001</i>	<i>e.g. John Doe</i>	<i>e.g. Scales - 2, 3, 6, 8; e.g. Liquid - 1, 2, 6</i>
<i>1463</i>	<i>Clayton Schauer</i>	<i>scales 6 & 7</i>
<i>1750</i>	<i>Monty BROWN</i>	<i>scales 6 & 7</i>

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Revised application for permit

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Hobart Sales and Service

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

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

Additional Application Items (Initial where appropriate):

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

Public Company Listing:

Include my company information on your registered service company list for public contact.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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