



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

Name of Company O'Day Equipment LLC	Email Address	Application Date	
Mailing Address PO Box 2706	City Fargo	State ND	Zip Code 58108
Telephone Number 701-282-9260	Cell Phone Number	Fax Number 701-281-9770	

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 type="checkbox"/> 6. Over 30 lbs.: Max. Capacity: _____ <input 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 checked="" type="checkbox"/> 1. Retail Fuel (less than 20 gal. per minute) <input checked="" type="checkbox"/> 2. High Flow Retail Fuel (20 gal. per minute or greater) <input checked="" type="checkbox"/> 3. Vehicle Tank: Max. Flow Rate: _____ <input checked="" type="checkbox"/> 4. Stationary Bulk (fuel or oil): Max. Flow Rate: _____ <input checked="" type="checkbox"/> 5. LPG <input checked="" 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)
e.g. 1001	e.g. John Doe	e.g. Scales - 2, 3, 6, 8; e.g. Liquid - 1, 2, 6
1567	Mark Kasson	100 gallon Provers RF
1644	Paul Kallestad	100 gallon LPG Prover
1642	Jacob Uhden	5 gallon measures
1694	Adam Kanerv	
1738	Josh Josh Anderson	



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

See attached	

Additional Application Items (initial where appropriate):

Standardized Test Report	<input type="checkbox"/> Copy enclosed <input type="checkbox"/> No change in report filed previously
Tested and Approved Sticker	<input 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

Public Company Listing:

Include my company information on your registered service company list for public contact.
 Yes No

I am Kim Blythe, 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.

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