



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

SP Name of Company Specialty Products, Inc.		Email Address specialtyproducts@hotmail.com		Application Date 5-15-15	
Mailing Address 1420 N. 4th St		City Fargo		State N.D.	Zip Code 58102
Telephone Number 701-235-2996		Cell Phone Number 701-261-0256		Fax Number 701-235-9065	

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 checked="" type="checkbox"/> 2. Truck <input type="checkbox"/> 3. Livestock <input checked="" type="checkbox"/> 4. Hopper: Max. Capacity: <u>40,000</u> <input type="checkbox"/> 5. Belt <input checked="" type="checkbox"/> 6. Over 30 lbs.: Max. Capacity: <u>160,000</u> <input checked="" type="checkbox"/> 7. 30 lbs. or less <input checked="" 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)
e.g. 1001	e.g. John Doe	e.g. Scales - 2, 3, 6, 8; e.g. Liquid - 1, 2, 6
1311	PHIL MCINTYRE	24678
1588	IAN MCINTYRE	24678

Continued on Page 2

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

3 - 50 #	
1 - 2000 gB test kit	
1 - 30 LB test kit	
4 - 2500 LB QUBES	
4 - 500 LB QUBES	
2 - 5000 LB TEST CARTS	

Additional Application Items (initial where appropriate):

Standardized Test Report	<input checked="" type="checkbox"/> Copy enclosed <input type="checkbox"/> No change in report filed previously
Tested and Approved Sticker	<input checked="" type="checkbox"/> Copy enclosed <input type="checkbox"/> No change in sticker filed previously
Photocopy of Crimped Lead Wire Seal	<input checked="" 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 PHIL MCINTYRE, 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.

Phil McIntyre
 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

