



**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**

<b>Name of Company</b> K-Scale LLC	<b>Email Address</b> info@K-Scale.com	<b>Application Date</b> 4-7-16	
<b>Mailing Address</b> 1701 W. Madison St.	<b>City</b> Sioux Falls, SD	<b>State</b> SD	<b>Zip Code</b> 57104
<b>Telephone Number</b> 605-334-8003	<b>Cell Phone Number</b> 605-431-4790	<b>Fax Number</b> 605-336-9500	

Select below all device types your company will certify:

<b>Scales (include maximum capacity, if applicable)</b>	<b>Liquid (include maximum flow rate, if applicable)</b>
<input type="checkbox"/> 1. Rail <input checked="" type="checkbox"/> 2. Truck <input checked="" type="checkbox"/> 3. Livestock <input checked="" type="checkbox"/> 4. Hopper: Max. Capacity: _____ <input checked="" type="checkbox"/> 5. Belt <input checked="" type="checkbox"/> 6. Over 30 lbs.: Max. Capacity: _____ <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):

<b>Permit No.</b>	<b>Employee</b>	<b>Device Types Registered to Certify (list using device type numbers from above)</b>
e.g. 1001	e.g. John Doe	e.g. Scales - 2, 3, 6, 8; e.g. Liquid - 1, 2, 6
	Ken Hoff	2, 3, 4, 5, 6, 7, 8
	Daryn Eisenzimmer	2, 3, 4, 5, 6, 7, 8

Continued on Page 2



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

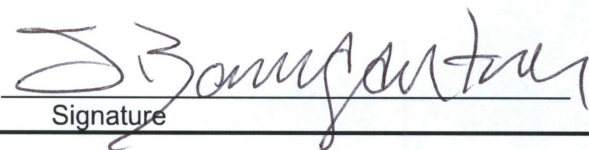

Additional Application Items (initial where appropriate):

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 Suzanne Baumgartner, 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