



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 HOBART SALES AND SERVICE	Email Address hobartbis@cs.com	Application Date 11/30/2015	
Mailing Address PO BOX 1663	City Bismarck	State ND	Zip Code 58502
Telephone Number 701-222-0450	Cell Phone Number 701-226-5015	Fax Number 701-222-0456	

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: <u>350</u> <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>
1326	JEFF ENDERSBE	
1333	KYLE HAMMLING	
1332	JIM LINDQUIST	

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Application for permit
 Hobart Sales and Service



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

1 EACH 30 LB TEST KIT	
6 EACH 50 LB TEST WEIGHT	
1 EA 25 LB TEST WEIGHT	

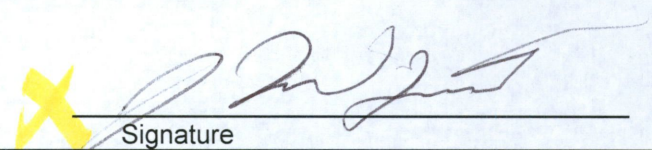
Additional Application Items (initial where appropriate):

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