



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 <i>O'Day Equipment LLC</i>	Email Address <i>Alton.Groves@Odayequipment.com</i>	Application Date	
Mailing Address <i>235 31st SE</i>	City <i>Minot</i>	State <i>ND</i>	Zip Code <i>58701</i>
Telephone Number <i>701-852-3145</i>	Cell Phone Number <i>701-818-4243</i>	Fax Number <i>701-852-6058</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 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: <i>150 gpm</i> <input checked="" type="checkbox"/> 4. Stationary Bulk (fuel or oil): Max. Flow Rate: <i>150 gpm</i> <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)
<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>1476</i>	<i>Jim Rogers</i>	<i>1, 2, 4, 5, 6</i>
<i>1678</i>	<i>Kurt Helseth</i>	<i>1, 2, 4, 5, 6</i>
<i>1634</i>	<i>Vernon Patterson</i>	<i>1, 2, 4, 5, 6</i>
<i>1668</i>	<i>John Boehm</i>	<i>1, 2, 4, 5, 6</i>
<i>1741</i>	<i>Ian Nelson</i>	<i>1, 2, 4, 5, 6</i>
<i>1740</i>	<i>Zebulan Tune</i>	<i>1, 2, 4, 5, 6</i>
<i>1770</i>	<i>Levi Jensen</i>	<i>1, 2, 4, 5, 6</i>

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Application for permit

O'Day Equipment, LLC

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

100 gal Prover SN 041320840-0102	5 gal Seraphim SN #1
100 gal Prover SN 02513209957-0103	
100 gal HP Prover SN 44753	
5 gal Seraphim SN 09-06135	
" " 07-45256-08	
" " 45401	
" " 09-06131	
" " 11-88799	
" " 07-03144	

Additional Application Items (Initial where appropriate):

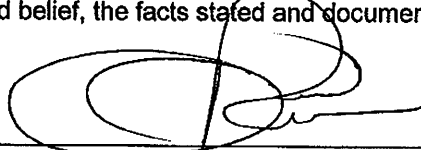
Standardized Test Report	<input type="checkbox"/> Copy enclosed
	<input checked="" type="checkbox"/> No change in report filed previously
Tested and Approved Sticker	<input type="checkbox"/> Copy enclosed
	<input checked="" type="checkbox"/> No change in sticker filed previously
Photocopy of Crimped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