



**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 <b>SERVICE OIL, INC</b>		Email Address <b>DIRK@STAMART.COM</b>		Application Date <b>1-29-15</b>	
Mailing Address <b>1718 EAST MAIN AVE</b>		City <b>WEST FARGO</b>		State <b>ND</b>	Zip Code <b>58078</b>
Telephone Number <b>701-277-1050</b>		Cell Phone Number <b>701-238-0157</b>		Fax Number <b>701-277-1223</b>	

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 type="checkbox"/> 3. Vehicle Tank: Max. Flow Rate: _____ <input checked="" type="checkbox"/> 4. Stationary Bulk (fuel or oil): Max. Flow Rate: <b>200</b> <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
<b>1510</b>	<b>STEVEN DIRK LENTHE</b>	<b>5 GALLON AND 50 GALLON P.</b>

Application for Registration as a Registered Service Company  
Page 2

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

5 GALLON PROVER	SERAPHIN SN# 03-18752-04
50 GALLON PROVER	" SN# 05-41532-05

Additional Application Items (initial where appropriate):

Standardized Test Report	<u>SD</u> Copy enclosed No change in report filed previously
Tested and Approved Sticker	<u>SD</u> Copy enclosed No change in sticker filed previously
Photocopy of Crimped Lead Wire Seal	<u>SD</u> Copy enclosed 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 STEVEN DIRK LENTHE 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.

Steven D Lenthe  
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



14305 SOUTHCROSS DRIVE #150  
BURNSVILLE, MN 55306-7008  
MN.GOV/COMMERCE/  
651.539.1555 FAX 651.539.1553  
AN EQUAL OPPORTUNITY EMPLOYER

Receipt Date: August 19, 2014  
Test Date: September 4, 2014  
Report Date: September 4, 2014

State Test No.: 332991  
Serial No.: 03-18752-04  
Bar Code: 201316

## Calibration Report

R&R PETROLEUM EQUIPMENT SALES  
5115 COUNTY ROAD 81 N  
FARGO, ND 58102-7401  
Contact: JIM SCHAEFER  
Phone: 701-293-1707  
PO Number: NONE  
SOP: 32  
Technician ID: 07

Item(s) Submitted: 5 Gallon Prover  
Manufacturer: Seraphin  
Material: SS  
Equipment Number: None  
Condition: Good  
Temperature: 26.6°C  
Pressure: 728.3 mmHg  
Relative Humidity: 60. %

Nominal Volume		Error (in <sup>3</sup> )	Volume Contained At Zero Line (gallons)	Uncertainty (in <sup>3</sup> )	Coefficient of Expansion (1/°F)
5 gal	As Found	-0.01	5.0000	0.62	0.0000265
	As Left	-0.01	5.0000	0.62	

Neck Calibration: No neck calibration was done at this time.

This measure or prover has been calibrated as a "to contain after wet down" vessel with a drain time of 30 seconds after cessation of full flow and at a reference temperature of 60°F.

The measure or prover listed above has been compared by volumetric transfer methods to the standards of the State of Minnesota. The standards are traceable to the SI through NIST. Statistical process control charts indicate standards are currently in control. All gauges were sealed in place.

The reported uncertainty conforms to NIST Technical Note 1297. The confidence interval is 95%.

Results apply to item identified in this report only.

Mark Nicollet  
*Mark Nicollet*  
Quality Manager

Reviewed by:  
Kari Anderson  
*Kari Anderson*  
Metrologist



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BURNSVILLE, MN 55306-7008  
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651.539.1555 FAX 651.539.1553  
AN EQUAL OPPORTUNITY EMPLOYER

Receipt Date: August 19, 2014  
Test Date: September 3, 2014  
Report Date: September 3, 2014

State Test No.: 332990  
Serial No.: 05-41532-03  
Bar Code: 202361

## Calibration Report

R&R PETROLEUM EQUIPMENT SALES  
5115 COUNTY ROAD 81 N  
FARGO, ND 58102-7401  
Contact: JIM SCHAEFER  
Phone: 701-293-1707  
PO Number: NONE  
SOP: 33  
Technician ID: 07

Item(s) Submitted: 50 Gallon Prover  
Manufacturer: Seraphin  
Material: SS  
Description: Dry Bottom  
Condition: Good  
Temperature: 27.1°C  
Pressure: 729.1 mmHg  
Relative Humidity: 48. %

Nominal Volume		Volume (gallons)	Error (in <sup>3</sup> )	Uncertainty (in <sup>3</sup> )	Coefficient of Expansion(°F)
50 gal	As Found	50.012	2.8	4.4	0.0000265
	As Left	50.012	2.8	4.4	

Neck Calibration: No neck calibration was done at this time.

This prover has been calibrated as a "to contain after wet down" vessel with a drain time of 30 seconds after cessation of full flow and at a reference temperature of 60°F.

The prover listed above has been compared by volumetric transfer methods to the standards of the State of Minnesota. The standards are traceable to the SI through NIST. Statistical process control charts indicate standards are currently in control. All gauges were sealed in place.

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Mark Nicolet

  
Quality Manager

Reviewed by:

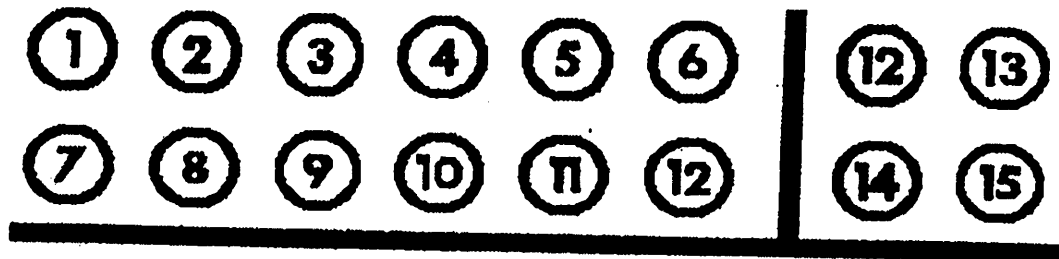
Kari Anderson

  
Metrologist

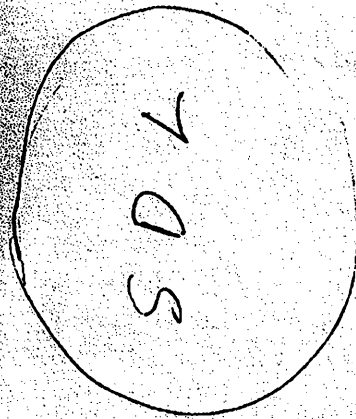


**SERVICE OIL, INC**  
**1718 EAST MAIN AVENUE**  
**WEST FARGO, ND 58078**  
**701-277-1050**

**TESTED AND APPROVED**



**DO NOT REMOVE THIS TAG**



**MINNESOTA DEPARTMENT OF COMMERCE  
WEIGHTS & MEASURES DIVISION**

**Certificate of Authority to Place in Service**

is granted to

**DIRK LENTHE**

**Permit #0434**

who meets the requirements for authority to place into commercial service in Minnesota the weighing and measuring devices listed below.

Authorization period is

**September 03, 2014  
through  
September 03, 2015**

**Classifications**

MN GENERAL TEST

RETAIL PUMPS



*Heidi Jones*

Heidi Jones



**RENEWAL OF AUTHORITY - TESTING AND SAFETY  
PUBLIC SERVICE COMMISSION**  
SFN 53139 (11/01)

TYPE OR PRINT ANY CORRECTIONS ON THIS FORM OR BY ATTACHMENT.  
AN INCOMPLETE OR ILLEGIBLE APPLICATION WILL BE REJECTED.

<b>Name of Applicant</b> DIRK LENTHE	<b>Telephone Number</b> 701-238-0157	<b>Permit #</b> 1510	
<b>Personal Address</b> PO BOX 655	<b>City</b> WEST FARGO	<b>State</b> ND	<b>Zip Code</b> 58078

<b>Name of Employer</b> SERVICE OIL, INC.	<b>Telephone Number</b> 701-277-1050	<b>Fax</b> 701-277-1723	
<b>Employer Address</b> 1718 E. MAIN AVE	<b>City</b> WEST FARGO	<b>State</b> ND	<b>Zip Code</b> 58078

I hereby apply for authority to break seals and place in service weights and measures equipment for use in commercial trade in the State of North Dakota, in accordance with Public Service Commission laws, rules and regulations.

I certify that I, or my company, have the necessary and adequate field standards for the repair and installation of commercial weighing, measuring, or liquid dispensing devices.

1-29-15  
Application Date

Signature of Applicant

**Send Completed Application To:**

Public Service Commission  
Testing and Safety Division  
600 E Boulevard Ave Dept 408  
Bismarck ND 58505-0480

**Telephone:** (701) 328-2400

**Fax:** (701) 328-2410

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