



Public Service Commission

State of North Dakota

COMMISSIONERS

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November 2016

Jim Lindquist
Hobart Sales and Service
PO Box 1663
Bismarck ND 58502-1663

Your Registered Service Company Annual Permit expires on December 31, 2016 (your annual calibration due date remains the same). Enclosed is the 2017 Application for Registration as a Registered Service Company. Please complete and return the application along with current calibration reports for your service standards, issued by a NIST-recognized metrology laboratory, and other applicable items no later than December 20, 2016.

As a registered service company doing business in North Dakota, your corporation or trade name is required to be active and in good standing with the North Dakota Secretary of State.

It is the responsibility of the registered service company to ensure its standards are certified annually by a NIST-recognized metrology laboratory as provided for in N.D. Admin. Code Section 69-10-03-02. After certification of the standards has been completed, the calibration reports must be filed with the Commission.

Failure to maintain certification of the standards and submit the calibration reports to the Commission may result in the revocation of the registered service company permit as allowed by N.D. Admin. Code Section 69-10-04-03.

If you have any questions, please contact me at 701-328-4070 or sbauske@nd.gov. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Shelly A. Bauske".

Shelly A. Bauske
Weights and Measures Division

Enclosure



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	Email Address	Application Date	
Mailing Address	City	State	Zip Code
Telephone Number	Cell Phone Number	Fax Number	

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 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>

Application for Registration as a Registered Service Company
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List below all field standards (attach current calibration reports):

Additional Application Items (initial where appropriate):

Standardized Test Report	_____ Copy enclosed _____ No change in report filed previously
Tested and Approved Sticker	_____ Copy enclosed _____ No change in sticker filed previously
Photocopy of Crimped Lead Wire Seal	_____ Copy enclosed _____ No change in crimped lead wire seal filed previously

Public Company Listing:

<p>Include my company information on your registered service company list for public contact.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>I am _____, 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.</p> <p style="text-align: right;">_____ Signature</p>
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Send Completed Application and Related Documents To:

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Fax: (701) 328-2410