

REC'D MAR 22 2018



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>Midwest Liquid Sys. Inc.</i>	Email Address <i>mls@midwestliquid.com</i>	Application Date <i>11/10/17</i>	
Mailing Address <i>1414 PO Box 71 21st Ave</i>	City <i>Eldora</i>	State <i>IA</i>	Zip Code <i>50627</i>
Telephone Number <i>641 858 2668</i>	Cell Phone Number	Fax Number <i>641 858 3424</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 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>1731</i>	<i>James Smith</i>	<i>Liquid 1+2</i>

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

Seraphin 50 gal	Sel# 14-56263-02
Seraphin 5 gal	04-20835-02
Seraphin 5 gal	13-91651
Seraphin 5 gal	10-07021

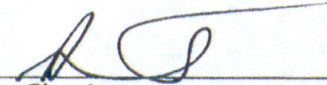
Additional Application Items (initial where appropriate):

Standardized Test Report	<input checked="" 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 Don Tiesveld, 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