



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>Day Equipment LLC</i> | Email Address <i>service@odequipment.com</i> | Application Date <i>11/16/17</i> | |
| Mailing Address <i>635 31st St. 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>150gpm</i> <input checked="" type="checkbox"/> 4. Stationary Bulk (fuel or oil): Max. Flow Rate: <i>150gpm</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>James 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>1770</i> | <i>Levi Jensen</i> | <i>1, 2, 4, 5, 6</i> |
| <i>1798</i> | <i>Leif Binckley</i> | <i>1, 2, 4, 5, 6</i> |
| <i>1799</i> | <i>James Crawford</i> | <i>1, 2, 4, 5, 6</i> |

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Application for permit

Midwest Pump & Tank

cont

Cont



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| | | | |
|------------------|-------------------|------------------|----------|
| 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"/> 1. Retail Fuel (less than 20 gal. per minute) |
| <input type="checkbox"/> 2. Truck | <input type="checkbox"/> 2. High Flow Retail Fuel (20 gal. per minute or greater) |
| <input type="checkbox"/> 3. Livestock | <input type="checkbox"/> 3. Vehicle Tank: Max. Flow Rate: _____ |
| <input type="checkbox"/> 4. Hopper: Max. Capacity: _____ | <input type="checkbox"/> 4. Stationary Bulk (fuel or oil): Max. Flow Rate: _____ |
| <input type="checkbox"/> 5. Belt | <input type="checkbox"/> 5. LPG |
| <input type="checkbox"/> 6. Over 30 lbs.: Max. Capacity: _____ | <input type="checkbox"/> 6. Stationary LPG |
| <input type="checkbox"/> 7. 30 lbs. or less | <input type="checkbox"/> 7. Fertilizer: Max. Flow Rate: _____ |
| <input type="checkbox"/> 8. Class II (indicate on your calibration report which weight kit is Class II certified) | <input type="checkbox"/> 8. Chemical |
| <input type="checkbox"/> 9. Other: Please List: | <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 |
| 1820 | Miles Smith | 1, 2, 4, 5, 6 |
| | | |
| | | |
| | | |
| | | |
| | | |

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Page 2

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

| | |
|---------------------------------------------|----------------------|
| 100 gal Arvac ^{SN#} 091320840-0102 | 5 gal Seraphim SN #1 |
| " " ^{SN#} 051320917-0103 | " " SN 09-06136 |
| 100 gal LPPrac SN 44753 | JV 40549 |
| 5 gal Seraphim ^{SN} 09-6135 | 42653 |
| " " ^{SN} 09-45256-07 | 15-92443 |
| " " ^{SN} 45401 | 15-92450 |
| " " 09-06131 | 15-92411 |
| " " 11-88799 | |
| " " 07-03144 | |

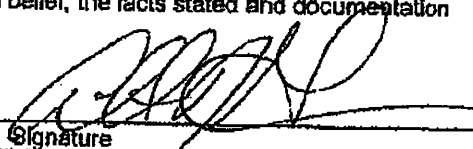
Additional Application Items (initial where appropriate):

| | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Standardized Test Report | <input checked="" type="checkbox"/> Copy enclosed <input type="checkbox"/> No change in report filed previously |
| Tested and Approved Sticker | <input checked="" type="checkbox"/> Copy enclosed <input type="checkbox"/> No change in sticker filed previously |
| Photocopy of Crimped Lead Wire Seal | <input checked="" type="checkbox"/> Copy enclosed <input type="checkbox"/> No change in crimped lead wire seal filed previously |

Public Company Listing:

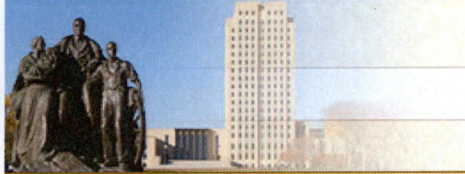
Include my company information on your registered service company list for public contact.
 Yes No

I am Alton J. Graves SRVC MOR 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



SECRETARY OF STATE NORTH DAKOTA

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O'DAY EQUIPMENT, LLC

Corporation Details

System ID: 22745300 **Phone:** (800) 654-6329
Type: LIMITED LIABILITY COMPANY
Status: Active & Good Standing
Original File Date: 12/12/2006 **Effective Date:** 12/12/2006
State of Origin: North Dakota

Nature of Business

OPERATE A PETROLEUM EQUIPMENT BUSINESS

Principal Office

1301 40TH ST NW PO BOX 2706 FARGO, ND 58108-2706

Registered Agent

D JAMES O'DAY
1301 40TH ST N
PO BOX 2706
FARGO, ND 58108-2706
Established Date: Dec 12, 2006

Generate an Annual Report To File

To Generate a Annual Report form to be filed with the Secretary of State, select the appropriate year of the report you intend to file. This report does not contain details of a report previously filed with the Secretary of State. The annual report years reflected are an indication of the various report forms available in this site and is not an indication that an entity needs to file reports for all years. Missing years indicate that the forms for the missing year have not yet been deployed to the website, or have already been removed, and can be obtained by contacting the Secretary of State.

[2017](#) (generates a forms-fillable pdf in a new pop-up window)

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O'Day Equipment, LLC
Application for Registration as a Registered Service Company

Calibration reports are located in Case No. WM-16-727.

Calibration Date: 3/22/2017