

**NORTH DAKOTA PUBLIC SERVICE COMMISSION**

**Registered Service Company**

**Annual Permit**

**Liquid**

The following is hereby authorized to operate as a "Registered Service Company" in accordance with the Laws and Rules of North Dakota and acknowledges that this authority may be revoked for failure to follow the same.

*Rolfie's Sales & Service, Inc.*

*PO Box E*

*Osakis MN 56360*



Konrad Crockford  
Compliance Division

Expires December 31, 2018

*FIXED 5/11/18 cjt  
Re-fixed 6/10/18 cjt*



**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<br><i>Rollies Sales &amp; Service</i> |  | Email Address<br><i>rollies09@gmail.com</i> |  | Application Date<br><i>5/2018</i> |                          |
| Mailing Address<br><i>D.O. BOX E</i>                  |  | City<br><i>OSAKIS</i>                       |  | State<br><i>MN</i>                | Zip Code<br><i>56360</i> |
| Telephone Number<br><i>320-859-4811</i>               |  | Cell Phone Number<br><i>320-859-4812</i>    |  | Fax Number<br><i>320-859-3585</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 checked="" type="checkbox"/> 1. Retail Fuel (less than 20 gal. per minute):                  |
| <input checked="" type="checkbox"/> 2. Truck  | <input checked="" type="checkbox"/> 2. High Flow Retail Fuel (20 gal. per minute or greater)        |
| <input type="checkbox"/> 3. Livestock   | <input checked="" type="checkbox"/> 3. Vehicle Tank: Max. Flow Rate: <u>100</u>                     |
| <input type="checkbox"/> 4. Hopper: Max. Capacity: _____  | <input checked="" type="checkbox"/> 4. Stationary Bulk (fuel or oil):<br>Max. Flow Rate: <u>100</u> |
| <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) |
|------------------|----------------------|--|
| <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>01</i>        | <i>Marvin Roving</i> | <i>1, 2, 3, 4</i>  |
| <i>02</i>        | <i>Daniel Nathe</i>  | <i>1, 2, 3, 4</i>  |
|                  |                      |  |
|                  |                      |  |
|                  |                      |  |
|                  |                      |  |

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

|              |            |
|--------------|------------|
| See Attached |            |
|              | 5 gallon   |
|              | 50 gallon  |
|              | 100 gallon |
|              |            |
|              |            |
|              |            |
|              |            |
|              |            |

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 Julie Johnson 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.

Julie Johnson  
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