



REQUEST FOR PERMANENT VARIANCE TO SPLIT-WEIGH
 NORTH DAKOTA PUBLIC SERVICE COMMISSION
 TESTING AND SAFETY DIVISION
 SFN 19933 (Rev. 01-2001)

SECTION I (OPERATOR INFORMATION: TYPE OR PRINT)

Date of Request	Contact Person		
Operator Name			
Mailing Address (PO Box or Street)			
City	State	Zip Code	Business Telephone Number

SECTION II (SCALE INFORMATION: TYPE OR PRINT)

Initial Installation Date of this Scale	
Name, Type and Serial No. of Scale	
Length of Scale Deck and Concrete or Asphalt Apron	
Sectional Capacity (if installed prior to 1/1/86)	
Concentrated Load Capacity (if installed after 1/1/86)	
Location of this Scale	
Maximum Weight to be Split-Weighed (if weight exceeds capacity, see *note below)	
Maximum Distance Between Outer Axles of Combination Vehicle to be Split-Weighed	

SECTION III (OPERATOR CERTIFICATION)

<p>* I hereby request a permanent variance, as authorized under Section 64-02-02, N.D.C.C. and Section 69-10-01-04.2, N.D.A.C., to allow split-weighing over the scale described herein.</p> <p>* I certify that a Split Weigh Agreement (SFN 19932 [12/99]) will be signed between this business and a customer <u>before</u> split-weighing of that customer proceeds.</p> <p>* I certify that each axle of the vehicle or each axle of the coupled-combination vehicle will rest on a straight surface, in the same plane with, and not to exceed one-third inch per foot out of level with, the scale deck during the split-weighing operation.</p> <p>* I certify that the following procedures will be observed during the split-weighing operation: use of vehicle brakes will be prohibited; vehicle transmission shall be in neutral; and chocking of vehicle wheels shall be discouraged.</p>	
Signature of Applicant	Date Signed

***NOTE:** If you wish to operate this device during the split-weighing operation beyond its rated capacity, you must request a variance to do so. That variance request must have an attached letter from a competent scale engineering authority certifying that operating this device at that weight will not constitute a safety hazard. **Failure to do so will void this application.**

Applicant: Complete Sections I, II, and III above and mail to:
 Public Service Commission
 600 E Boulevard Ave 12th FL
 Bismarck, ND 58505-0480

A Testing and Safety Division Official will review your application and inspection file, and, if applicable, will approve and return this variance request to you. Upon receipt, this is your authority to split-weigh.

ALL VARIANCES GRANTED MUST BE POSTED IN A SPACE CONSPICUOUS TO THE PUBLIC.

For Public Service Commission Use Only

Date of Last Inspection	Status of Device	Application <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Signature of Testing and Safety Official		Date