

Company Name

APPLICATION FOR REGISTRATION AS A REGISTERED SERVICE COMPANY

PUBLIC SERVICE COMMISSION SFN 51277 (7/2021)

TYPE OR PRINT – AN INCOMPLETE OR ILLEGIBLE APPLICATION WILL BE REJECTED

<u>APPLICANT</u>: An annual application for registration as a registered service company must be filed with the Commission prior to conducting any service work on commercial weighing or measuring devices. N.D. Admin. Code § 69-10-04-02.2

Telephone Number

Company Email Address

Business Mailing Address City							State	Zip Code		
Name of Individual Completing Form					Title/Position					
Telephone Number					Email Address					
MARK "X" TO INDICATE THE TYPE(S) OF DEVICE(S) THE COMPANY WILL TEST AND APPROVE										
ITEM	Х	SCALE DEVICE	MAXIMUM CAPACITY		ITEM	Х	LIQUID DEVICE	MAXIMUM FLOW RATE		
S1.		RAIL			L1.		RETAIL FUEL (Less than 20 gal/min)			
S2 .		TRUCK			L2.		RETAIL FUEL HIGH FLOW (Greater than 20 gal/min)			
S3.		LIVESTOCK			L3.		VEHICLE TANK BULK			
S4.		HOPPER			L4.		STATIONARY BULK			
S5.		BELT CONVEYOR			L5.		LPG			
S6.		SCALE UNDER 30 LBS.			L6.		STATIONARY LPG			
S7 .		SCALE OVER 30 LBS.			L7.		FERTILIZER			
S8.		CLASS II MUST indicate on calibration report which weight kit is Class II certified.		oort ied.	L8.		CHEMICAL			
S 9.		OTHER (Please List)			L9.		ANHYDROUS			
	П			-	L10.		LOADING RACK			
					L11.		OTHER (Please List)			
REGISTERED SERVICE PERSON INFORMATION										
		akota Registered Service Pers	sons employed by	y you	ır compa					
PERMIT NUMBER		EMPLOYEE NAME			DEVICE TYPES REGISTERED TO CERTIFY (List using device type numbers from above: S1, S2, L5, L6, etc.)					

		FIELD STA	NDARE	os					
	f you indicated that you Test and Ap s Class II certified.	prove Class II scales, th	nen you	ı MUST indicate on the calibration r	eport which weight kit				
STANDARD		LAST CALIBRATION DATE		STANDARD	LAST CALIBRATION DATE				
. <u> </u>		57.1.2			J2				
ADDITIONAL ITEMS									
	\$100 Annual Registration Fee Your annual fee MUST								
Ш	accompany this application.	Tour armuariee MOST							
	Tested and Approved Sticker Affix sticker in the space provided.								
	Standardized Test Report(s) your company are attached.	nsure all test reports use	ed by						
	Crimped Lead Wire or Plastic S your seal.	eal Attach a photocop	AFFIX TESTED AND APPROVED STICKER HERE						
	Additional Seal If your company sensitive seal to cover the scale calib photocopy of it.	uses an additional press ration setting, attach a							
	Field Standard Calibration Repcalibration reports from a NIST certifito the Commission.	ort(s) Attach the most ed lab if not already subr	recent nitted						
		DUDI IC COMD	A NIV I I	CTING					
PUBLIC COMPANY LISTING									
Include my company information on your Registered Service Company list for public contact. YES NO									
By signing this form, I certify that I have authority to represent this company. I declare that I have examined this form and accompanying documentation and to the best of my knowledge and belief, the facts stated herein and attached to this application are true, correct, and complete.									
	of Individual Completing Application			Date					

MAIL COMPLETED APPLICATION, REGISTRATION FEE, AND RELATED DOCUMENTS TO: