



**SPLIT-WEIGHT AGREEMENT**  
 NORTH DAKOTA PUBLIC SERVICE COMMISSION  
 TESTING AND SAFETY DIVISION  
 SFN 19932 (Rev. 12-99)

N.D.C.C. 64-03-07 permits variations to the State Standards provided both parties to a commercial transaction have actual knowledge of those variations. The undersigned parties hereby agree to waive the requirement for single-draft weighing as provided for and as established in N.D. Administrative Code 69-10-03-01 which adopts the National Institute of Standards and Technology Handbook No. 44, Section 2.20., Scales, UR.3.3.

The undersigned customer does hereby permit the operator to split-weigh, for the purpose of establishing net weight in order to complete any commercial transaction between the undersigned customer and the operator from the date below until \_\_\_\_\_ (month-day-year). Both parties to this agreement understand that this agreement shall be null and void after the ending date above, or on June 30th of the next odd numbered year, whichever occurs last.

It shall be understood between the undersigned customer and the operator, that use of the split-weight method for determining net weight of a commodity may result in an inaccurate weight.

Notwithstanding the above agreement, it shall be understood between the undersigned customer and the operator, that in lieu of signing this agreement to permit split-weighing during this or any future commercial transaction, the customer may choose to decouple the combination unit. During the decoupling by the customer, the operator will separately weigh each individual unit, then add each unit weight together, both when full and when empty, to determine the commodity net weight.

We, the undersigned customer and operator, have read the above agreement and do hereby agree to permit split- weighing for all commercial transactions between the dates designated above.

Customer's Signature		
<b>X</b>		
Customer's Printed Name		
Address		
City	State	Zip Code
Telephone Number		
Date Signed		

Authorized Company Signature		
<b>X</b>		
Name of Elevator		
Address		
City	State	Zip Code
Telephone Number		
Date Signed		