



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

LNG FORM 2008

MANUFACTURER'S REPORT OF PRESSURE VESSEL REPAIR, MODIFICATION, OR TESTING

LNG LICENSE CATEGORY (check applicable): 15, 20, 50

Please Type or Print

- 1. Vessel repaired, modified or tested by
Address
2. Manufacturer Year Built
3. Serial Number Water Gallons Working Pressure
4. Vessel Type: ASME, API, DOT, Transport, Delivery Unit, Storage, Motor Fuel, Mobile Fuel, Other
5. Owner of Vessel Address
6. Description of repairs, modification, or testing

This Vessel System (check one or both) was tested by this facility, using one or more methods of testing recognized by the American Society of Mechanical Engineers, and it is Safe Unsafe (check one) for LNG use in the State of Texas.

Mark each Railroad Commission-approved test that was performed:

- Hydrostatic test, Radiography, Ultrasonic thickness, Ultrasonic angle beam, Liquid penetrant, Other

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, I am authorized to make this report; this report was prepared by me or under my supervision and direction, and data and facts stated herein are true, correct, and complete to the best of my knowledge.

Signed Title Date LNG License No.

CERTIFICATE OF SHOP INSPECTION

Inspection Agency's Serial No.
Vessel repaired or modified by Location

I, the undersigned, holding a Certificate of Competency as an Inspector of Boilers and Pressure Vessels in the State of Texas and employed by of inspected the repair or modification of the vessel described in the report on (Date) and certify that the statements made in this report are correct and the repair, modification and/or testing of this vessel was in accordance with the ASME Code for Pressure Vessels.

Date

Inspector's Signature Commissions National Board State

INDICATE LOCATION OF REPAIR OR MODIFICATION:

Sketch heads and circle approximate location of repairs or modifications.



VIEW: Top Bottom Other (curbside, streetside, etc) _____

HEAD TYPE: Hemispherical 2:1 Elliptical Other _____

Additional Information (Attachments as needed)

By filing this application via facsimile transmission, applicant voluntarily stipulates and agrees that the filed facsimile copy shall be treated as an original document for all purposes in any court or administrative proceeding.

Return to:
Railroad Commission of Texas
Alternative Fuels Safety
P.O. Box 12967
Austin, Texas 78711-2967
(800) 64-CLEAR

Fax: (512) 463-7292

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