RAILROAD COMMISSION OF TEXAS
Alternative Fuels Safety

LPG FORM 35
Rev. __/15

APPLICATION FOR MILITARY FEE EXEMPTION

_____ **(Name: Last, First, Middle)**

_____-_____-_____ **(Social Security Number)**

CHECK ONE:

☐ I am a military service member or military veteran with service, training, or education in [CIRCLE ONE OR MORE OF THE FOLLOWING] LP-Gas CNG LNG activities that meets the Railroad Commission's licensing and/or certification requirements. [**COMPLETE SECTION A**]

☐ I am a military service member, military veteran, or military spouse and I currently hold a [CIRCLE ONE OR MORE OF THE FOLLOWING] LP-Gas CNG LNG license issued by another jurisdiction with licensing requirements substantially equivalent to the Railroad Commission's licensing requirements. [**COMPLETE SECTION B**]

SECTION A: CHECK ALL THAT APPLY I have ☐ military service ☐ military training ☐ military education that meets the Railroad Commission's licensing and/or certification requirements.

List the dates and types of service, training, and/or education that qualify you for a fee exemption

Beginning and Ending Dates	**Type of Service, Training, or Education Received** (Be Specific. You may attach an extra sheet if needed)

Attach the following:
1. A copy of your driver's license or state-issued identification card;
2. A copy of your military records (make sure your dates of service are indicated); and
3. Either:
   (a) Documentation showing any military service history in which activities with LP-gas/CNG/LNG were performed, including details on the types of activities performed; or
   (b) Documentation showing any military LP-gas/CNG/LNG training or education received, including details on the types of activities covered during the training or education

SECTION B:
Provide the following information:

Jurisdiction License Issued by	**Type of License Held**	**Expiration Date**

Attach the following:
1. A copy of your driver's license or state-issued identification card;
2. A copy of your military records** (make sure your dates of service are indicated);
3. A description of the types of activities performed under the license; and
4. A copy of the license issued by the jurisdiction named above

***If you are applying for the military fee exemption as a military spouse, you must provide a copy of your spouse's military records and a copy of a valid marriage license between you and the individual listed on the military records.*

Signature _____ Date _____

Printed Name _____ Phone (_____)_____

Entity Name (if applicable) _____ Your Position with Entity [CIRCLE ONE OF THE FOLLOWING]
Company Representative OR Owner/Partner/Officer

If you are applying for an exemption on behalf of an entity, your signature certifies that you are authorized to act on the entity's behalf.

RRC USE ONLY

APPLICATION:
☐ approved
☐ denied

Reviewed by: _____

Action Date: _____