



**TEXAS RAILROAD COMMISSION**  
 Alternative Fuels Research and Education Division  
 Licensing Section  
 Application For License or License Renewal

<b>RRC USE ONLY</b>
License _____
Expiration Date _____
Register No. _____
Amount \$ _____

Applicant's Company Name: \_\_\_\_\_  
 (Exact Name of Co.)

(dba) \_\_\_\_\_ (dba) \_\_\_\_\_  
 (Doing Business As – please include a copy of the assumed name certificate required to be filed with the respective county clerk's office and/or the Secretary of State's office. )

**OFFICIAL RAILROAD COMMISSION COMMUNICATIONS ARE TO BE MAILED TO:**

_____ (Name of Contact Person)	_____ (Area Code)	_____ (Telephone No.)	_____ (Area Code)	_____ (FAX No.)
_____ (Mailing Address)		_____ (Physical Address)		
_____ (City)	_____ (County)	_____ (State)	_____ (Zip Code)	
_____ (Email Address)				

**CHECK APPROPRIATE BOX**

- Applicant is:  
 Sole Proprietor  
 Partnership (limited partnerships and registered limited liability partnerships must be registered with the Secretary of State)  
 Corporation (must be registered with the Secretary of State)  
 Limited Liability Company (must be registered with the Secretary of State)

If entity is a corporation or limited liability company organized in another State please indicate which State \_\_\_\_\_.

If organized in a State other than Texas is the entity registered with the Secretary of State and authorized to do business in Texas? \_\_\_\_\_

Please list owner in sole proprietorship, partners in partnership, or officers of corporation or limited liability company:

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Attach additional sheets if necessary)

**PLEASE CHECK THE APPROPRIATE BOX TO INDICATE THE TYPE OF LICENSE THAT YOU ARE APPLYING FOR OR RENEWING:**

LPG: A__ , B__ , C__ , D__ , E__ , F__ G__ , H__ , I__ , J__ , K__ , L__ M__ , N__ , O__ , P__	CNG: Cat 1__ , Cat 2__ , Cat 3__ Cat 4__ , Cat 5__ , Cat 6__	LNG: 15__ , 20__ , 25__ , 30__ , 35__ 40__ , 45__ , 50__
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Please provide the name of your company representative(s) below. A company representative must comply with the requirements of Section 9.17 of the LP Gas Safety rules.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

**NOTICE:** Both pages of this form must be completed, and a signature must be included on the second.  
 ANSWER EACH OF THE FOLLOWING QUESTIONS AS THEY PERTAIN TO YOUR COMPANY'S OPERATIONS

ATTACH THE APPROPRIATE FORM(S), IF NEEDED

Does your company have an outlet?

YES \_\_\_ For LPG, Form 1A must be completed.  
For CNG, Form 1001A must be completed.  
For LNG, Form 2001A must be completed.

NO \_\_\_ No form required

Does your company operate any bobtails, transports, or cylinder delivery units?

YES \_\_\_ For LPG, Form 7 must be completed.  
For CNG, Form 1007 must be completed  
For LNG, Form 2007 must be completed

NO \_\_\_ No form required

Does your company operate any LPG/CNG/LNG bulk storage containers, cylinder filling plants or service station containers that were transferred from another licensee?

YES \_\_\_ For LPG, Form 19 must be completed.  
For CNG, Form 1019 must be completed.  
For LNG, Form 2019 must be completed

NO \_\_\_ No form required

Are you applying for a Category A LPG license, Category 1 CNG license or Category 15 LNG license?

YES \_\_\_ Submit copy of current ASME  
certificate of authorization and/or  
DOT authorization.

NO \_\_\_ Nothing required

Are you applying for a Category B or O LPG license or Category 1 or 4 CNG license or Category 20 or 50 LNG license?

YES \_\_\_ For LPG, Form 505 must be completed.  
For CNG, Form 1505 must be completed.  
For LNG, Form 2505 must be completed.

NO \_\_\_ No form required

If the license applicant is a corporation or limited liability please provide the following:

Texas taxpayer ID \_\_\_\_\_ Charter Number \_\_\_\_\_

Subject To: \_\_\_\_\_ or Exempt: \_\_\_\_\_

CERTIFICATION: I or We understand the requirements of the LP-Gas Safety Rules and/or Regulations for Compressed Natural Gas and/or Regulations for Liquefied Natural Gas adopted by the Railroad Commission of Texas, and the Texas Natural Resources Code relating to the duties of a licensee, and I or We will comply with each provision contained in the Texas Natural Resources Code, and will furnish any and all information requested by the Commission pursuant to its regulatory authority. I or We agree that any change in ownership, or change in name, will be reported to the Commission by Registered Mail prior to the change in ownership, change in name, or prior to operating as a dealership under new ownership or under a changed name. I or We declare, under penalties prescribed in Sections 91.143, 113.232, and 116.143, of the Texas Natural Resources Code that I or We are authorized to sign this form and bind the applicant for license; that this form was prepared by me or us, or under my or our supervision and direction; and that the statements made are true and correct, and complete to the best of my or our knowledge. 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.

By signing this form, the licensee renewing this license is notifying the Commission that no changes have occurred with regard to ownership or type of business entity.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Emergency Contact Number Required  
for all Licensees Engaging in LP Gas Product Activities

Return to:  
Texas Railroad Commission  
AFRED Licensing Section  
P.O. Box 12967  
Austin, Texas 78711-2967  
(800) 64-CLEAR  
Fax (512) 463-7292