



RAILROAD COMMISSION OF TEXAS

LPG FORM 501

Oversight and Safety Division
Alternative Fuels Safety Department

COMPLETION REPORT FOR LP-GAS INSTALLATIONS OF LESS THAN 10,000 GALLONS AGGREGATE WATER CAPACITY

Please Type or Print

INSTRUCTIONS TO LICENSEE: Section 9.101(b) of the LP-Gas Safety Rules requires this report to be filed with the Commission, along with the applicable fees. The report must be postmarked or physically delivered to Alternative Fuels Safety, within 30 calendar days from the date of completion.

Name of Facility Where Container(s) or System is Installed

(Facility's Mailing Address) (City) (State) (Zip Code)

(Physical Mailing Address or 911 Address) (City) (State) (Zip Code)

County of installation (required) GPS Coordinates: N: W:

TYPE OF INSTALLATION CHECK APPLICABLE BOX(ES)

Form containing checkboxes for installation types: Retail Cylinder Filling/Service Station-CFSS, Retail Cylinder Exchange Rack-CEXR, Bulk Storage-BS, etc.

Date LPG installation was completed and placed in service: (MM/DD/YYYY)

CERTIFICATION: I hereby notify the Commission that the LPG installation described above has been completed, complies with the Texas Natural Resources Code and the LP-Gas Safety Rules of the Railroad Commission of Texas;

Additionally, applicant agrees that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Name of Company Representative Signature of Company Representative (Do Not Print) Date
Company Name LPG License No.
(A/C) Telephone No. (A/C) Fax No.

RRC USE ONLY
Site ID:
Plan ID:

**IF SPACE PROVIDED IS INSUFFICIENT, PLEASE USE
ADDITIONAL PAGES FOR CONTAINER INFORMATION**

CONTAINER(S) INFORMATION:

WC = Water Capacity

WP = Working Pressure

New Installation

Container Relocation

Container Addition

Container Replacement Only

LPG CONTAINER TYPE:

PLEASE CHECK ONE: ASME DOT

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

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Mfg. Name _____ Ser. No. _____ WC _____ Yr. Built _____ WP _____

(If additional tanks, use separate page)

LPG CYLINDER & FORKLIFT EXCHANGE RACK/ STORAGE RACK OPERATIONS (List each rack separately)

Total No. of Cylinder Racks _____ Number of Cylinders Rack holds _____ Cylinder Size _____

Total No. of Cylinder Racks _____ Number of Cylinders Rack holds _____ Cylinder Size _____

Total No. of Cylinder Racks _____ Number of Cylinders Rack holds _____ Cylinder Size _____

(If additional racks, use separate page)

Secured /Fenced Cylinder Storage Area without the Use of Racks: Number of cylinders in storage _____ Cylinder Size _____

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
PO Box 12967
Austin, TX 78711-2967
Fax (512) 463-0649

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