



**RAILROAD COMMISSION OF TEXAS**  
Oversight and Safety Division  
Alternative Fuels Safety Department

**CNG FORM  
1008**

**MANUFACTURER'S REPORT OF RETEST OR REPAIR**

LPG LICENSE CATEGORY  
(check applicable):

- 1
- 4

*Please Type or Print*

1. Container repaired and/or tested by \_\_\_\_\_  
Address \_\_\_\_\_
2. Manufacturer \_\_\_\_\_ Year Built \_\_\_\_\_
3. Serial Number \_\_\_\_\_ Capacity \_\_\_\_\_ Working Pressure \_\_\_\_\_
4. ASME/DOT Specification \_\_\_\_\_
5. Owner of Container \_\_\_\_\_ Address \_\_\_\_\_
6. Description of repairs, or testing (for additional information use page 2.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This container was tested by this facility, using one or more methods of testing recognized by the American Society of Mechanical Engineers (ASME) or the U.S. Department of Transportation (DOT), and it is  **Safe**  **Unsafe (check one)** for compressed natural gas use in the State of Texas.

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 \_\_\_\_\_ CNG License No. \_\_\_\_\_

**CERTIFICATE OF INSPECTION OF ASME CONTAINER ONLY**

Container repaired and/or tested by \_\_\_\_\_ Location \_\_\_\_\_

I, the undersigned, authorized as an inspector of containers and employed by \_\_\_\_\_

of \_\_\_\_\_ inspected the repair and/or testing of this container described in this report on \_\_\_\_\_ (Date) and certify that the statements made in this report are correct and the repair and/or testing of this container was in accordance with the requirement of the American Society of Mechanical Engineers (ASME).

Date \_\_\_\_\_

\_\_\_\_\_  
Inspector's Signature Commissions National Board State

INDICATE LOCATION OF REPAIR:

Sketch heads and circle approximate location of repairs.



VIEW:  Top  Bottom  Other (curbside, streetside, etc) \_\_\_\_\_

HEAD TYPE:  Hemispherical  2:1 Elliptical  Other \_\_\_\_\_

Additional Information (attachments as needed)

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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) 828-8790

Rev. January 2021