



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

LPG FORM 8A

REPORT OF DOT CYLINDER REPAIR

Please Type or Print

LPG LICENSE CATEGORY
(check applicable):

- A
- B
- O

1. Cylinder repaired or tested by _____
Address _____
2. Manufacturer _____
3. Serial Number _____ Water Capacity _____ Working Pressure _____
4. DOT Specification _____
5. Owner of Cylinder _____ Address _____
6. Description of repairs and/or testing (For additional information use reverse side.) _____

This cylinder was tested by this facility, using one or more methods of testing recognized by the American Society for Non-Destructive Testing, and it is safe for LP-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, that this report was prepared by me or under my supervision and direction, and that data and facts stated herein are true correct and complete to the best of my knowledge.

Date _____ Signed _____ Title _____ LPG License No. _____

CERTIFICATE OF SHOP INSPECTION

Cylinder repaired and/or tested by _____ Location _____

I, the undersigned, authorized by DOT as an inspector of cylinders and employed by _____

_____ of _____ inspected the repair and/or testing of the cylinder

described in this report on _____, 20____ and certify the statements made in this report are correct and that repair and/or testing of this cylinder was in accordance with the requirements of DOT.

Date _____, 20____

_____ Commissions _____

Inspector's Signature

Return to:
Railroad Commission of Texas
Alternative Fuels Safety
PO Box 12967
Austin, TX 78711-2967
Fax (512) 682-9066

Rev. January 2020