

RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division Alternative Fuels Safety Department

LNG FORM 2997B

STATEMENT IN LIEU OF MOTOR VEHICLE BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

Please Type or Print

I,		
(Name of person completing statement)	(Title)	
do make this statement that		is licensed
(Names under wh	nich LNG licensee is or will be operating)	
or applying for a license pursuant to Section 116.031 Te	exas Natural Resources Code, as a Category(catego	
Applicant or Licensee has/will not(effective date)	operate a motor vehicle equipped with	a LNG cargo
container or transport LNG in any manner by vehicle Motor Vehicle Bodily Injury and Property Damage Li a certificate with Alternative Fuels Safety prior to the de	ability Insurance. Further, the applicant or licensee	
THE STATE OF:		
COUNTY OF:		
I declare under penalties prescribed in Section 91.14 statement; I have personal knowledge of the above supervision and direction; and the data and facts sknowledge.	-stated facts; this statement was prepared by me	or under my
(Printed Name)		
(Signature)		
(Area Code/Telephone Number)	(Date)	

Return to: Railroad Commission of Texas Alternative Fuels Safety P.O. Box 12967 Austin, Texas 78711-2967 (800) 64-CLEAR

Fax: (512) 463-7292 Rev. January 2021