



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)

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) 463-7292

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