



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

**CNG FORM
1001A**

BRANCH OUTLET LIST

Please Type or Print

List each outlet where your company performs CNG activities in Texas. Individuals listed as operations supervisor must be certified with AFS as required by section 13.72(b) of the *Regulations for Compressed Natural Gas*.

Company Name _____ License Number _____

Name and physical address of outlet: _____

Type of Installation

(City) (County) (Zip Code) (Branch Phone Number)

Operation Supervisor's Name: _____
(Social Security Number)

Name and physical address of outlet: _____

Type of Installation

(City) (County) (Zip Code) (Branch Phone Number)

Operation Supervisor's Name: _____
(Social Security Number)

Name and physical address of outlet: _____

Type of Installation

(City) (County) (Zip Code) (Branch Phone Number)

Operation Supervisor's Name: _____
(Social Security Number)

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, that I am authorized to sign this report, and that the information stated is true, correct, and complete to the best of my knowledge.

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.

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

Fax (512) 463-7292

Printed Name of Company Representative

Signature

() _____
Area Code Telephone No. Date