



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

CNG FORM

1501

COMPLETION REPORT FOR CNG COMMERCIAL
INSTALLATIONS OF 240 STANDARD CUBIC FEET WATER
VOLUME OR LESS

Please Type or Print

INSTRUCTIONS TO LICENSEE: Section 13.25(c) of the Regulations for Compressed Natural Gas requires this report to be filed with the Commission, along with the applicable fees. The report must be postmarked or physically delivered to Alternative Fuels Safety (AFS), within 10 calendar days following the completion of a stationary CNG container installed at any commercial CNG installation with an aggregate storage capacity of 240 standard cubic feet water volume or less. The original, non-refundable, filing fee is \$10 for each CNG container listed on the report. The non-refundable resubmission fee is \$20 per report. DO NOT SEND CASH. Make Check or Money Order Payable To: The Railroad Commission of Texas. To pay by credit card please visit our website www.rrc.texas.gov.

Name of Facility Where Container(s) or System is Installed _____

(Facility's Mailing Address)

(City)

(State)

(Zip Code)

(Physical Mailing Address or 911 Address)

(City)

(State)

(Zip Code)

County of installation (required)

GPS Coordinates:

N: _____ . _____

W: _____ . _____

TYPE OF INSTALLATION

CHECK APPLICABLE BOX(ES)

[] Licensee Compressor/Cascade (Retail Service Station)-CGLC

A license is required for the above facility types. Please provide the entity's license number: _____

[] Compressor/Cascade (Commercial, Not Sold To General Public)-CGCC

[] Dispensing System (Commercial, Not Sold To General Public)-CGDS

[] General/Other-GEOT (describe): _____

Date CNG installation was completed and placed in service: _____

(MM/DD/YYYY)

CERTIFICATION: I hereby notify the Commission that the CNG installation described above has been completed; complies with the Texas Natural Resources Code and the Railroad Commission of Texas Regulations for Compressed Natural Gas; and is now ready for Commission inspection. I understand that failure to give timely written notification of this installation or any other CNG installation to the Commission and/or if any CNG installation is placed into service without being in full compliance with the requirements of the Texas Natural Resources Code and the Regulations for Compressed Natural Gas, that I or my company may be subject to enforcement action as provided by the Texas Natural Resources Code. I declare, under penalties prescribed in Section 91.143, Texas Natural Resources Code, that I am authorized to make the representations set out above on behalf of the licensee named above; this form was prepared by me or under my supervision and direction, and the statements are 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.

Name of Company Representative

Signature of Company Representative (Do Not Print)

Date

Company Name

CNG License No.

(A/C)

Telephone No.

(A/C)

Fax No.

RRC USE ONLY

Site ID: _____

Plan ID: _____

**IF SPACE PROVIDED IS INSUFFICIENT, PLEASE USE
ADDITIONAL PAGES FOR CONTAINER INFORMATION**

CONTAINER(S) INFORMATION: SCFWV = Standard Cubic Feet Water Volume SP = Service Pressure

New Installation Container Relocation Container Addition Container Replacement Only

CNG CONTAINER TYPE:
PLEASE CHECK ONE: ASME DOT

Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____
Mfg. Name _____	Ser. No. _____	SCFWV _____	Yr. Built _____	SP _____

(If additional tanks, use separate page if necessary)

CNG DOT ONLY – NUMBER OF CASCADES _____

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 Fax
(512) 463-0649

Rev. June 2021