



REPORT OF CNG SAFETY RULE VIOLATION

CNG FORM 1022

Railroad Commission of Texas
Oversight and Safety Division
Alternative Fuels Safety Department

INSTRUCTIONS: This form may be filed with Alternative Fuels Safety in accordance with Section 13.33 of the *Regulations for Compressed Natural Gas* for any stationary or mobile CNG installation. **Incomplete forms will not be accepted.** The Commission will use this form at its own discretion with regard to action taken against the violator.

Violator was: ☐ Customer ☐ Installer ☐ Supplier

NAME OF VIOLATOR _____

MAILING ADDRESS _____
(Street Address or P. O. Box)

(City) (State) (Zip Code)

PHYSICAL ADDRESS OF VIOLATORS _____
(Street Address)

(City) (County)

LOCATION OF THE VIOLATION IF NOT AT THE VIOLATOR'S ADDRESS

NAME: _____

PHYSICAL ADDRESS: _____
(Address) (City) (County)

DATE/TIME OBSERVED _____

CHECK THE FOLLOWING WHICH APPLY:

Violation(s) still exist: Yes No Supporting Documentation Attached: Yes No

DESCRIBE VIOLATION(S): (Use section references for the [Regulations for Compressed Natural Gas](#) or adopted codes)

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, this form was prepared by me or under my supervision and direction and that the data and facts stated herein are true and correct to the best of my knowledge. I did not service the subject LP-Gas installation because of the violation(s) observed.

Additionally, I agree that this form 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.

(Print Name)

(Authorized Signature of Complainant)

(Telephone Number)

(Mailing Address)

(City) (State) (Zip Code)

Return to: Railroad Commission of Texas
Alternative Fuels Safety
P.O. Box 12967
Austin Texas 78711-2967
SafetyNoticeReply@rrc.texas.gov
Fax (512) 463-7292