

RAILROAD COMMISSION OF TEXAS Alternative Fuels Safety

CNG FORM 1035

Rev. 12/15

APPLICATION FOR MILITARY FEE EXEMPTION

(Name: Last, First, Middle)			(Social Security Number)			
(Name: Last, First, Middle)			(Social Security Number)			
CHECK ONE: I am a military service member or militar LP-Gas CNG LNG activities that meets						
I am a military service member, military LP-Gas CNG LNG license issued by licensing requirements. [COMPLETE SECTION COMPLETE	another jurisdic				ORE OF THE FOLLOWING] nt to the Railroad Commission's	
SECTION A: CHECK ALL THAT APPLY I have that meets the Railroad Commission's licensing				ary education		
List the dates and types of service, training, and/or education that Beginning and Ending Dates			at qualify you for a fee exemption ce, Training, or Education Received (Be Specific. You may attach an extra sheet			
Attach the following: 1. A copy of your driver's license or state-issued 2. A copy of your military records (make sure you			licated); and			
Either: (a) Documentation showing any military service activities performed; or (b) Documentation showing any military LP-Gathe training or education	•			•		
SECTION B: Provide the following information:						
Jurisdiction License Issued by		Туре о	f License Held	E	xpiration Date	
Attach the following: 1. A copy of your driver's license or state-issued 2. A copy of your military records* (make sure your 3. A description of the types of activities perform 4. A copy of the license issued by the jurisdiction	our dates of servi ed under the lice	ice are in				
*If you are applying for the military fee exemption valid marriage license between you and the indiv	n as a military sp vidual listed on th	oouse, yo he military	u must provide a copy of vrecords.	your spouse's militar	ry records and a copy of a	
Signature			Date			
Printed Name			Phone ()			
Entity Name (if applicable)			Your Position with Entity [CIRCLE ONE OF THE FOLLOWING] Company Representative OR Owner/Partner/Officer			
If you are applying for an exemption on behalf of	an entity, your si	ignature d	certifies that you are autho	orized to act on the e	entity's behalf.	
RRC USE ONLY				APPLICATION: approved	Reviewed by:	
				denied	Action Date:	