RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

CNG FORM 1996B

STATEMENT IN LIEU OF INSURANCE FILING CERTIFYING WORKERS' COMPENSATION COVERAGE, INCLUDING EMPLOYER'S LIABILITY INSURANCE OR ALTERNATIVE ACCIDENT/HEALTH INSURANCE

Please Type or Print

I, _____, effective _____ hereby state that none
(Name of licensee company/applicant) (effective date)

of my employees perform CNG-related activities in Texas as described in the Texas Natural Resources Code, the *Regulations for Compressed Natural Gas*. I am filing this statement in lieu of insurance.

The applicant states that prior to employing or using any person in CNG-related activities in Texas that require insurance under the provisions of the Texas Natural Resources Code, the *Regulations for Compressed Natural Gas*, the applicant or licensee will procure the insurance required and will submit proof of such insurance to Alternative Fuels Safety.

I declare, under penalties in Section 91.143, Texas Natural Resources Code, that I am authorized to make the representations set out on behalf of the Company named above, and have the authority to bind the Company, that this form was prepared by me or under my supervision and direction; and that the statements are true, correct and complete to the best of my knowledge.

THE STATE OF: _____

COUNTY OF: _____

_____ _____ _____
(Printed Name of Authorized Company Representative) (Signature of Company's Authorized Representative) (Signature date)

(_____) _____ (_____) _____
(Telephone Number) (Fax Number)

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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