



**RAILROAD COMMISSION OF TEXAS**

Oversight and Safety Division  
Alternative Fuels Safety Department

**LPG FORM  
998B**

**STATEMENT IN LIEU OF GENERAL LIABILITY INSURANCE  
AND/OR COMPLETED OPERATIONS OR PRODUCTS LIABILITY  
INSURANCE**

*Please Type or Print*

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of Person Completing Statement) (Title)

do make this statement that \_\_\_\_\_ is licensed or applying for  
(Name(s) under which LP-gas licensee is or will be operating)

license pursuant to Section 113.082, Texas Natural Resources Code, Chapter 113, as a category \_\_\_\_\_ dealer, that said applicant or  
(category)

dealer is not engaging in any LP-gas operations \_\_\_\_\_ and, consequently, is filing this statement in  
(effective date)

lieu of certificate of:

Check the appropriate box (es)

- general liability insurance. The licensee or applicant for a license must file the required insurance certificate with the section before engaging in any operations that requires general liability insurance.
- completed operations and products liability insurance. The licensee or applicant for a license must file the required insurance certificate with the division before engaging in any operations that requires completed operations and products liability operations insurance.

The applicant states that prior to performance of any activities which requires general liability coverage, and completed operations & product liability as set forth in the Texas Natural Resources Code, Chapter 113, or the *LP-Gas Safety Rules*, the applicant will procure the insurance as required by the Code and *LP-Gas Safety Rules* and will submit proof of such insurance to Alternative Fuels Safety.

THE STATE OF : \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, I am authorized to make this statement; I have personal knowledge of the above-stated facts; this statement was prepared by me or under my supervision and direction, and the data and facts stated herein are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Area Code/Telephone Number) (Date)

Return to:  
Railroad Commission of Texas  
Alternative Fuels Safety  
P.O. Box 12967  
Austin, Texas 78711-2967  
800-64-CLEAR  
Fax (512) 828-8790  
Rev. January 2020

<b>RRC USE ONLY</b>
Reviewed by: _____
Date: _____