



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

LNG FORM

2008

LNG LICENSE CATEGORY

(check applicable):

15

20

50

MANUFACTURER'S REPORT OF PRESSURE VESSEL REPAIR, MODIFICATION, OR TESTING

Please Type or Print

1. Vessel repaired, modified or tested by _____
Address _____
2. Manufacturer _____ Year Built _____
3. Serial Number _____ Water Gallons _____ Working Pressure _____
4. Vessel Type: ASME API DOT Transport Delivery Unit
Storage Motor Fuel Mobile Fuel Other _____
5. Owner of Vessel _____ Address _____
6. Description of repairs, modification, or testing (for additional information use page 2)

This **Vessel** **System (check one or both)** was tested by this facility, using one or more methods of testing recognized by the American Society of Mechanical Engineers, and it is **Safe** **Unsafe (check one)** for LNG use in the State of Texas.

Mark each Railroad Commission-approved test that was performed:

Hydrostatic test Radiography Ultrasonic thickness Ultrasonic angle beam

Liquid penetrant Other: _____

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

Signed _____ Title _____ Date _____ LNG License No. _____

CERTIFICATE OF SHOP INSPECTION

Inspection Agency's Serial No. _____

Vessel repaired or modified by _____ Location _____

I, the undersigned, holding a Certificate of Competency as an Inspector of Boilers and Pressure Vessels in the State of Texas and employed by _____ of _____

inspected the repair or modification of the vessel described in the report on _____ (Date)
and certify that the statements made in this report are correct and the repair, modification and/or testing of this vessel was in accordance with the ASME Code for Pressure Vessels.

Date _____

Commissions _____

Inspector's Signature _____

National Board State _____

INDICATE LOCATION OF REPAIR OR MODIFICATION:

Sketch heads and circle approximate location of repairs or modifications.



VIEW: Top Bottom Other (curbside, streetside, etc) _____

HEAD TYPE: Hemispherical 2:1 Elliptical Other _____

Additional Information (Attachments as needed)

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
(800) 64-CLEAR

Fax: (512) 463-7292

Rev. January 2021