



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

**CNG FORM
1019**

TRANSFER OF CNG STORAGE CYLINDERS/CONTAINERS

Please Type or Print

COMPANY NAME _____ LICENSE NUMBER _____

INSTRUCTIONS: File this form with Alternative Fuels Safety only for the transfer of operations of installations from one licensee to another. NOTE: List only those cylinders/containers operated by your company as well as their geographical location. If the space provided is insufficient, please use additional forms for container and site information.

For installation located in _____ at _____
County Geographical location City

CYLINDER/CONTAINER MANUFACTURER	SERIAL NUMBER	WATER VOLUME CAPACITY (cubic feet)	SERVICE PRESSURE	YEAR BUILT/TESTED

For installation located in _____ at _____
County Geographical location City

CYLINDER/CONTAINER MANUFACTURER	SERIAL NUMBER	WATER VOLUME CAPACITY (cubic feet)	SERVICE PRESSURE	YEAR BUILT/TESTED

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, I am authorized to sign this report, and the information stated herein is true, correct and complete to the best of my knowledge.

Additionally, applicant agrees that this application 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.

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

Printed Name of Authorized Company Representative

Signature of Authorized Company Representative

(_____) _____
Area Code Telephone Number Date