

RAILROAD COMMISSION OF TEXAS

LPG FORM 18B

Oversight and Safety Division Alternative Fuels Safety Department

STATEMENT OF LOST OR DESTROYED LPG FORM 4 DECAL

Please Type or Print

(Name of perso	on completing statemer	t) (Title)
do make this statement verif	ving that	
do make this statement vem	ying that	(Names under which Licensee conducts LPG operations)
, was issued	I a Form 4 identifie	d as Decal No,(Container manufacturer & serial number)
(license number)		(Container manufacturer & serial number)
for license year		, and that such decal has been
(Check one)	☐ lost or stole	en;
,		the cause of destruction being as follows:
		(If unknown, state cause as unknown.)
Company Phone No		Company Fax No
THE STATE OF:		
THE STATE OF:		
COUNTY OF:		
Additionally applicant agree	s that this annlicat	ion may be executed by electronic signature, which shall be considered as ar
		ve the same force and effect as an original signature.
		(Signature)
		(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

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