

Rev. January 2021

RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division Alternative Fuels Safety Department

LNG FORM 2019

TRANSFER OF LNG STORAGE CYLINDERS/CONTAINERS

Please Type or Print

COMPANY NAME	LICENSE	CENSE NUMBER		
INSTRUCTIONS: File this form with from one licensee to another. NOTE geographical location. If the space provide	: List only cylinders/conta	ainers operated by yo	our company as	well as their
For installation located in	at	Pagaraphical location		City
Coun	ity	seographical location		City
CYLINDER/CONTAINER MANUFACTURER	SERIAL NUMBER	W.G. CAPACITY	WORKING PRESSURE	YEAR BUILT
For installation located inCoun	at	Geographical location		City
CYLINDER/CONTAINER MANUFACTURER	SERIAL NUMBER	W.G. CAPACITY	WORKING PRESSURE	YEAR BUILT
I declare under penalties prescribed in report, and the information stated herein Additionally, applicant agrees that this apprignal signature for all purposes and sh	is true, correct and comple oplication may be executed	ete to the best of my kno by electronic signature,	owledge. which shall be co	· ·
Return to: Railroad Commission of Texas Alternative Fuels Safety P.O. Box 12967 Austin, Texas 78711-2967 800-64-CLEAR			Authorized Company thorized Company Re	
Fax (512) 828-8790		(Area Code)	Telephone Numbe	r Date