

RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division Alternative Fuels Safety Department

LNG FORM 2997B

STATEMENT IN LIEU OF MOTOR VEHICLE BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

Please Type or Print

I,	,
(Name of person completing statement)	(Title)
do make this statement that	is licensed
(Names under whic	h LNG licensee is or will be operating)
or applying for a license pursuant to Section 116.031 Tex	as Natural Resources Code, as a Category licensee.
Applicant or Licensee has/will not(effective date)	operate a motor vehicle equipped with a LNG cargo
·	nd consequently, is filing this statement in lieu of a certificate or bility Insurance. Further, the applicant or licensee will file such very or transportation of LNG by motor vehicle.
THE STATE OF:	
COUNTY OF:	
statement; I have personal knowledge of the above-s	Texas Natural Resources Code, I am authorized to make this tated facts; this statement was prepared by me or under my ted herein are true, correct, and complete to the best of my
(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 2021