

## **RAILROAD COMMISSION OF TEXAS**

**CNG FORM 1022** 

Oversight and Safety Division
Alternative Fuels Safety Department

## REPORT OF CNG SAFETY RULE VIOLATION

Please Type or Print

INSTRUCTIONS: This form may be filed with Alternative Fuels Safety in accordance with Section 13.33 of the *Regulations for Compressed Natural Gas* for any stationary or mobile CNG installation. **Incomplete forms will not be accepted**. The division will use this form at its own discretion with regard to action taken against the violator.

NAME OF OCCUPANT	/LICENSEE	:/VIOLATOR:							
MAILING ADDRESS			,	Otrock Address	1				
			(	Street Address or P. O. B	SOX)				
(City)				(State)			(Zip Code)		
PHYSICAL ADDRESS	OF VIOLAT	ORS	(O:t.			(O			
DATE/TIME OBSERVE	D		(City	)		(County)			
CHECK THE FOLLOW		I APPLY:							
Violator was:	☐ Customer		ſ	☐ CNG Installer		☐ CNG Supplier			
Violation(s) still exist:	☐ Yes	☐ No	Supportin	g Documentation Attac	ched:    Yes	□ No			
DESCRIBE VIOLATION									
(Use section references	o loi tile Aeg	guiations for C	Sompressed Mai	urar Gas or adopted o	oues)				
I declare under penalt my supervision and di service the subject CNO Additionally, I agree the purposes and shall have	rection and G installation at this form	that the data n because of may be exec	a and facts state the violation(s) cuted by electron	ed herein are true and observed.  nic signature, which sh	d correct to t	ne best of my	knowledge. I did not		
			J	3					
(Print	Name)								
(Autho	orized Signati	ure of Complain	nant)		_				
(Telep	hone Numbe	er)							
(Mailir	ng Address)								
(City)			(State)	(Zip Code)					

Return to: Railroad Commission of Texas Alternative Fuels Safety P.O. Box 12967 Austin Texas 78711-2967

Fax (512) 682-9066

Created December 2022