



**RAILROAD COMMISSION OF TEXAS**

Oversight and Safety Division  
Alternative Fuels Safety Department

**CNG FORM**

**1505**

**TESTING PROCEDURES CERTIFICATION**

*Please Type or Print*

Section 13.61(k)(2) of the *Regulations for Compressed Natural Gas* requires this form to be filed with the Commission prior to the initial issuance or renewal of a CNG Category 4 license.

\_\_\_\_\_  
(Applicant's Company Name including DBA)

\_\_\_\_\_  
(Applicant's Mailing Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

( ) \_\_\_\_\_  
(Telephone number)

( ) \_\_\_\_\_  
(Fax number)

**TESTS QUALIFIED TO PERFORM: (CHECK APPLICABLE BOXES)**

- Ultrasonic Thickness     Hydrostatic     Magnetic Particle     Wet Fluorescent Magnetic Particle
- Liquid Penetrant     Ultrasonic     Angle Beam     Other  (Specify) \_\_\_\_\_

Fill in the appropriate registration number(s):    ASME No. \_\_\_\_\_    DOT No. \_\_\_\_\_

**CERTIFICATION:** I certify that this company has written testing procedures in accordance with the applicable sections of the American Society of Mechanical Engineers (ASME) Code and personnel qualifications and records in accordance with the current edition of the American Society for Nondestructive Testing Document SNT-TC-1A, as recognized by the ASME Code, or that the testing is done in accordance with the U.S. Department of Transportation (DOT) requirements. I declare, under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make the representations set out on this form on behalf of the applicant company; that this form was prepared by me or under my supervision and direction; and that the statements made are true, correct, and complete, to the best of my knowledge.

\_\_\_\_\_  
(Signature of Licensee/Applicant Company Representative)

\_\_\_\_\_  
(Date)

**INDIVIDUAL(S) AUTHORIZED TO SIGN CNG FORM 1008 SUBMITTED BY COMPANY:**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_  
(Printed or Typed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed or Typed Name)

\_\_\_\_\_  
(Signature)

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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