SCONMISSION CR	Alternative	MISSION OF TEXAS Energy Division Operations	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)	_,	
(Name of person completing statement)		(Title)	
do make this statement that(Names under wh			is licensed
	(Names under which	ch LNG licensee is or will be operating)	
or applying for a license pu	ursuant to Section 116.031 Te	xas Natural Resources Code, as a C	Category licensee. (category)
Applicant or Licensee has/will not		operate a motor vehicle equipped with a LNG cargo	
container or transport LNC Motor Vehicle Bodily Injur	G in any manner by vehicle a ry and Property Damage Liab	nd consequently, is filing this state ility Insurance. Further, the applica r transportation of LNG by motor vel	ment in lieu of a certificate of ant or licensee will file such a
THE STATE OF:			
COUNTY OF:			
statement; I have person	al knowledge of the above-s	, Texas Natural Resources Code, stated facts; this statement was p ated herein are true, correct, and	repared by me or under my
(Printe	ed Name)		
(Sig	nature)		

Return to: Railroad Commission of Texas Alternative Energy Division LP-Gas Operations P.O. Box 12967 Austin, Texas 78711-2967 (800) 64-CLEAR

(Area Code/Telephone Number)

Rev. July 2012

Fax: (512) 463-7292

(Date)