



CNG FORM 1016

APPLICATION FOR EXAMINATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT)

Applicant name—last, first, middle:		Social Security Number*:	
Name of company:		Company License Number:	
Company mailing address:	City:	State:	Zip:
Company telephone:		Company fax:	
Examinee's mailing address:	City:	State:	Zip:

MANAGEMENT-LEVEL EXAMS

\$70.00 FEE PER EXAMINATION

- 1 CNG cylinder manufacturer
- 2 CNG system sales, installation, service or repair
- 3 CNG sales, storage and transportation
- 4 CNG cylinder tester
- 5 CNG service station operator
- 6 CNG cylinder or system sales

EMPLOYEE-LEVEL EXAMS

\$40.00 FEE PER EXAMINATION

- (2)** **Service & installation**
- (3)** **Delivery truck driver**
(including: service & installation, transport driver, cylinder filling)
- (5)** **Cylinder filling technician**

ALL EXAM FEES ARE NON-REFUNDABLE.

DECLARATION

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, that I am authorized to make this application; that I have knowledge of the facts stated above; that this application was prepared by me or under my supervision and direction; and the statements are true, correct, and complete to the best of my knowledge.

Signature

Date

*Disclosure of applicant's social security number is mandatory under Section 231.0302(c) of the Texas Family Code and will be used to assist in the administration of laws relating to child support and for recordkeeping by the Commission pursuant to its authority under Chapters 113, 114 and 116 of the Texas Natural Resources Code.

RRC USE ONLY

Level _____ Grade _____ Proctor _____
 Level _____ Grade _____ Proctor _____
 Level _____ Grade _____ Proctor _____

RRC USE ONLY

Register No. _____
 Amount \$ _____
 check-2 cash-3 credit card-5

RAILROAD COMMISSION OF TEXAS
ALTERNATIVE FUELS RESEARCH & EDUCATION DIVISION

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