

Rev. January 2021

RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division Alternative Fuels Safety Department

LNG FORM 2019

TRANSFER OF LNG STORAGE CYLINDERS/CONTAINERS

Please Type or Print

COMPANY NAME	LICENSE NUMBER				
INSTRUCTIONS: File this form with from one licensee to another. NOTE: geographical location. If the space provides	List only cylinders/contai	ners	operated by yo	our company a	s well as their
For installation located in	at				
For installation located in at Geog		eograp	hical location		City
CYLINDER/CONTAINER MANUFACTURER	SERIAL NUMBER	W.	G. CAPACITY	WORKING PRESSURE	YEAR BUILT
For installation located inCount	atg	eograp	hical location		City
CYLINDER/CONTAINER MANUFACTURER	SERIAL NUMBER	W.	G. CAPACITY	WORKING PRESSURE	YEAR BUILT
I declare under penalties prescribed in report, and the information stated herein Additionally, applicant agrees that this ap original signature for all purposes and sha	is true, correct and complet plication may be executed b	e to th y elec	ne best of my kno etronic signature,	owledge. which shall be co	· ·
Return to: Railroad Commission of Texas Alternative Fuels Safety P.O. Box 12967 Austin, Texas 78711-2967 800-64-CLEAR				Authorized Company thorized Company R	•
Fax (512) 463-7292			(Area Code)	Telephone Number	er Date