

## 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

(Street Address or P. O. Box)

	(City)		(State)	(Zip Code)	
PHYSICAL ADDRESS	OF VIOLAT	ORS			
			(City)	(County)	
DATE/TIME OBSERVE	D				
CHECK THE FOLLOWI	NG WHICH	I APPLY:			
Violator was:	Customer		CNG Installer	CNG Supplier	
Violation(s) still exist:	🗖 Yes	🗖 No	Supporting Documentation Attached: 🗖 Yes	🗖 No	
DESCRIBE VIOLATION	I (S):				

(Use section references for the Regulations for Compressed Natural Gas or adopted codes)

I declare under penalties prescribed in Section 91.143. Texas Natural Resources Code, this form was prepared by me or under my supervision and direction and that the data and facts stated herein are true and correct to the best of my knowledge. I did not service the subject CNG installation because of the violation(s) observed.

Additionally, I agree that this form may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature

	(Print Name)						
	(Authorized Signature of Complainant)						
	(Telephone Number)						
	(Mailing Address)						
	(City)	(State)	(Zip Code)				
Alternative P.O. Box	Commission of Texas e Fuels Safety						

Fax (512) 463-0649