



RAILROAD COMMISSION OF TEXAS

LPG FORM 1A

Oversight and Safety Division
Alternative Fuels Safety Department

OUTLET LIST

Please Type or Print

List each outlet where your company performs LPG activities in Texas. Individuals listed as operations supervisor must be certified with AFS as required by section 9.17 of the *LP-Gas Safety Rules*.

Company Name _____ License Number _____

Name and physical address of outlet: _____

_____ Type of Installation

(City) (County) (Zip Code) (Branch Phone Number)

Operation Supervisor's Name: _____
(Social Security Number)

Name and physical address of outlet: _____

_____ Type of Installation

(City) (County) (Zip Code) (Branch Phone Number)

Operation Supervisor's Name: _____
(Social Security Number)

Name and physical address of outlet: _____

_____ Type of Installation

(City) (County) (Zip Code) (Branch Phone Number)

Operation Supervisor's Name: _____
(Social Security Number)

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, that I am authorized to sign this report, and that the information stated is true, correct, and complete to the best of my knowledge.

Additionally, applicant agrees that this application 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.

Return to:
Railroad Commission of
Texas Alternative Fuels Safety
P.O. Box 12967
Austin, Texas 78711-2967
(800) 64-CLEAR
Fax (512)

Printed Name of Company Representative

Signature

() _____
Area Code Telephone No. Date