



# RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division  
Alternative Fuels Safety Department

# LPG FORM 8A

## REPORT OF DOT CYLINDER REPAIR

*Please Type or Print*

LPG LICENSE CATEGORY  
(check applicable):

- A
- B
- O

1. Cylinder repaired or tested by \_\_\_\_\_  
Address \_\_\_\_\_
2. Manufacturer \_\_\_\_\_
3. Serial Number \_\_\_\_\_ Water Capacity \_\_\_\_\_ Working Pressure \_\_\_\_\_
4. DOT Specification \_\_\_\_\_
5. Owner of Cylinder \_\_\_\_\_ Address \_\_\_\_\_
6. Description of repairs and/or testing (For additional information use reverse side.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This cylinder was tested by this facility, using one or more methods of testing recognized by the American Society for Non-Destructive Testing, and it is safe for LP-gas use in the State of Texas.

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

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_ LPG License No. \_\_\_\_\_

### CERTIFICATE OF SHOP INSPECTION

Cylinder repaired and/or tested by \_\_\_\_\_ Location \_\_\_\_\_

I, the undersigned, authorized by DOT as an inspector of cylinders and employed by \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_ inspected the repair and/or testing of the cylinder

described in this report on \_\_\_\_\_, 20\_\_\_\_ and certify the statements made in this report are correct and that repair and/or testing of this cylinder was in accordance with the requirements of DOT.

Date \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Inspector's Signature \_\_\_\_\_ Commissions \_\_\_\_\_

Return to:  
Railroad Commission of Texas  
Alternative Fuels Safety  
PO Box 12967  
Austin, TX 78711-2967  
Fax (512) 463-0649

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