SCOMMISSION		OAD COMMISSIC TERNATIVE ENERG LP-Gas Operati	Y DIVISION	5 LPG FO	RM 503
	NOTICE OF C ON SCHOOL I	COMPLETED INSTALLATIO BUS, PUBLIC TRANSPORT OR SPECIAL TRANSIT VI Please Type or Pri	ON OF AN LPG SYST FATION, MASS TRAI EHICLE(S)	TEM NSIT,	
consumer, or original ve that the vehicle(s) are r	hicle manufacture eady for inspection	e LP-Gas Safety Rules er after the manufacture of on. THE INSTALLATION accordance with section S	requires this form of or the conversion I MAY NOT BE OF	to an LPG system or PERATED UNTIL THI	a vehicle and
As a (check one)	ICENSEE 🗖	ULTIMATE CONSUME	ER 🗖 🛛 ORIGIN	AL VEHICLE MANUF	ACTURER 🗇
I hereby submit notice o	f a complete insta	allation of an LPG system	on (CHECK APPR	OPRIATE BOX(ES)):	
school bus(es) 🗖	mass transit vehi	icle(s) 🗖 special tra	nsit vehicle(s) 🗖	public transportation	vehicle(s) 🗖
The notice is submitted	by(Name of Lice	ensee, Ultimate Consumer or O	riginal Vehicle Manufact	urer) (LPG License I	No., if applicable)
(Mailing Address)			(City)		(Zip Code)
	() (A/C)	(Telephone No.)	() (A/C)	(Fax No.)	
Vehicle(s) will be operat	ed by				
		(e.g., Name of Tran	sit Authority, Political Su	Ibdivision, School)	
(Mailir	ng Address)	(City)	(County)	(State)	(Zip Code)
	() (A/C)) (Telephone No.)	() (A/C)	(Fax No.)	

(Street Address or Clear Directions to Location Where Vehicles May be found During Weekdays for Inspection Purposes)

CERTIFICATION: I certify that the installation(s) referenced on this form are in compliance with all applicable *LP-Gas Safety Rules* and adopted codes, and the Texas Natural Resources Code. All work will be performed by persons certified or exempted per section 9.1(f) of the *LP-Gas Safety Rules*. I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, that I am authorized to make the representations set out on this form on behalf of the licensee, ultimate consumer or original vehicle manufacturer named above, to comply with the *LP-Gas Safety Rules* of the Railroad Commission of Texas and the Texas Natural Resources Code; that this form was prepared by me or under my supervision and direction; and that the statements are true, correct, and complete, to the best of my knowledge.

(Printed Name of Company Representative)

(Signature of Company Representative)

(Date)

By filing this application via facsimile transmission, applicant voluntarily stipulates and agrees that the filed facsimile copy shall be treated as an original document for all purposes in any court or administrative proceeding.

lf Available Only		Required Information		RRC Use
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID
(Unit Number)	(Number of Containers)	(Container(s) Aggregate Capacity)	(Vehicle Identification Number)	Site ID

Container(s) Manufacturer

Container(s) Working Pressure

Return To: Railroad Commission of Texas Alternative Energy Division LP-Gas Operations PO Box 12967 Austin, Texas 78711-2997 FAX (512) 463-0649 Rev. July 2012