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| **STATE OF LOUISIANA** | **CNG FACILITY CONSTRUCTION,** | **CNG-100** |
| **OFFICE OF CONSERVATION** | **ACQUISITION OR REPLACEMENT** | **(4/92)** |
| **PIPELINE DIVISION** |  | **Rev. 5/12** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | **Telephone Number:** |  |
| **Company Address:** |  | **Fax Number:** |  |
|  | **Contact Person/Title:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF FACILITY** | |  | | | | | |
| **LOCATION OF FACILITY** |  | | | | | | |
| **CORPORATE LIMITS** | |  | **INSIDE** |  | **OUTSIDE** |  |  |
|  | |  | | | | | |

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| **DESCRIPTION AND PURPOSE OF FACILITY** |

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| DESCRIBE FULLY THE SERVICE PROVIDED BY SAID FACILITY IN SECTION V OF THE APPLICATION.  IS THIS FACILITY A PART OF AN EXTENSION TO A PRESENT CNG SERVICE BY YOUR COMPANY? YES NO |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF SERVICE:** | | | | | | | |
|  | GENERAL PUBLIC |  | PRIVATE FLEET |  | PUBLIC TRANSPORTATION | | |
|  | STATE GOVERNMENT |  | LOCAL GOVERNMENT |  | SCHOOL BUS |  | OTHER |
|  |  |  |  |  |  |  |  |
| **TYPE OF REFUELING:** | | | |  | QUICK FILL |  | SLOW FILL |
|  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Address all communications concerning this application to: | |  | I hereby certify that this application has been examined by me and that the Statements therein contained are to the best of my knowledge and belief true, correct and complete. | | |
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|  | |  |  | | |
|  | |  | **NAME OF OPERATOR/APPLICANT** | | |
|  | |  | **SIGNATURE:** | |  |
| Date: |  |  | **TITLE:** |  | |
|  |  |  |  |  | |