|  |  |  |
| --- | --- | --- |
| **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** |  |  |
|  |  |

|  |
| --- |
| **DESCRIPTION AND PURPOSE OF FACILITY** |

|  |
| --- |
| 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 |

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

|  |  |  |
| --- | --- | --- |
| 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. |
|  |  |
|  |  |
|  |  |  |
|  |  |  |
|  |  | **NAME OF OPERATOR/APPLICANT** |
|  |  | **SIGNATURE:** |  |
| Date: |  |  | **TITLE:** |  |
|  |  |  |  |  |