

FORM 16M

APPLICATION FOR RECOGNITION OF AN OUT-OF-STATE LICENSE FOR MILITARY SERVICE MEMBERS AND MILITARY SPOUSES

Provide information regarding your license or certification in another state:

| STATE LICENS | ING AUTHORITY I | NFORMATION | | | |
|--------------|---------------------------------|---------------------------------|----------------|---------------------|--------------------|
| State | State Licensing Authority | Licensing Authority Phone | License Number | License Category | Expiration Date |
| | | | | | |
| | | | | | |

| APPLICANT INFORMATION (PLEASE TYPE OR PRINT) | | | | |
|--|-------|--------------------------|------------------------|--------|
| Applicant name–last, first, middle: | | Social Security Number*: | | |
| | | | | |
| Your Company Name: | | | RRC Company License Nu | ımber: |
| | | | | |
| Company mailing address: | City: | | State: | Zip: |
| | | | | |
| Company telephone: | | Company fax: | | |
| | | | | |
| Applicant alternate address: | City: | | State: | Zip: |
| | | | | |
| | | | | |

Select the Texas certification category/categories you are applying for from the tables below:

| LPG EMPLOYEE LEVEL | LPG MANAGEMENT LEVEL | |
|---|---|---|
| A-3 Bobtail Driver B-3 Service & Installation Technician C-3 Transport Driver D-3M Mobile Fuel Technician D-3N Non-Road Motor Fuel Technician D-3O On-Road Motor Fuel Technician E-3 DOT Cylinder Filler F-3 Motor/Motor Fuel Filler G-3 Recreational Vehicle | A ASME/DOT Container Manufacturer B Transport Outfitter C Common Carrier D General Installer/Repair E Retail/Wholesale F Cylinder Filling Facility G Motor/Motor Fuel Service Station H Cylinder Transporter I Cylinder Filling & Service Station | K Distribution System L Engine Fuel (L10, L1N & L1M) L10 Non -Road Engine Fuel L1N On -Road Engine Fuel L1M Mobile Engine Fuel M Recreational Vehicle N Manufactured Housing O Testing Laboratory P Cylinder Exchange |
| | I Cylinder Filling & Service Station | P Cylinder Exchange |
| | I Cylinder Filling & Service Station J Cylinder Filling, Service Station & Transporter | P Cylinder Exchange |
| Teominan | | |

| CNG EMPLOYEE LEVEL C | NG MANAGEMENT LEVEL |
|---|--|
| 2 Service and Installation Technician 3 Delivery truck driver (including Service & Installation, Transport Driver & Cylinder Filling) 5 Cylinder filler | 1 Container assembly and repair (ASME & DOT) 1A ASME container assembly and repair 1B DOT container assembly and repair 2 General Installer and repairmen 3 Retail and wholesale dealers 4 Testing CNG cylinders 5 Service station or cylinder exchange |

| LNG EMPLOYEE LEVEL | LNG MANAGEMENT LEVEL |
|--|--------------------------------------|
| Delivery truck driver (including Service | 15 Container assembly and repair |
| & Installation, Transport Driver & | 20 Transport outfitter |
| Motor Fuel Dispenser) | 25 Carrier |
| Service & installation | 30 General installation and repair |
| Transport truck driver | 35 Retail and wholesale dealer |
| Engine fuel | 40 General public dispensing station |
| Motor/mobile (ASME) fuel dispenser | 45 Motor/mobile fuel |
| | 50 Testing laboratory |

ATTACH THE FOLLOWING:

- 1. A copy of your driver's license or state-issued identification card; and
- 2. A copy of your military records (make sure your dates of service are indicated).
- 3. A copy of your military orders showing relocation to Texas.
- 4. A copy of the license/certification issued by the jurisdiction listed above.
- 5. If you are applying for the military fee exemption as a military spouse, you must provide a copy of your spouse's military records and a copy of a valid marriage license between you and the individual listed on the military records.

COMPLETE THE FOLLOWING AFFIDAVIT

| AFFIDAVIT | | | |
|---|--|--|--|
| BEFORE ME, the undersigned notary, on this day personally appeared, who, being by ne first duly sworn, on oath said and deposed as follows: | | | |
| 1. I am a military service member or military spouse, as those terms are defined in Texas Occupations Code §55.001. | | | |
| 2. I am the person described and identified in this application. | | | |
| 3. All statements in this application and true, correct, and complete. | | | |
| 4. I understand the scope of practice for the applicable license or certification for which I am applying and will not perform outside that scope of practice. | | | |
| 5. I am in good standing in the state in which I hold an applicable license or certification and am using that out-of-state license as the basis for this application. | | | |
| I certify that the documents submitted as attachments to this application are true and correct copies of such documents. | | | |
| I am aware that there are penalties under law for the falsification of any information in this application or documents attached to this application. | | | |
| FURTHER AFFIANT SAYETH NOT. | | | |
| Signature of Applicant | | | |
| SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned Notary Public, on | | | |
| | | | |
| seal] | | | |
| | | | |
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| Notary Public in and for The State of | | | |

^{*}Disclosure of applicant's Social Security number is mandatory under Section 231.0302(c) of the Texas Family Code and will be used to assist in the administration of laws relating to child support and for recordkeeping by the Commission pursuant to its authority under Chapters 113, 114 and 116 of the Texas Natural Resources Code