

# CNG Station Questionnaire

Thank you for your interest in working with FirmGreen, Inc.

To have our technical staff provide a proposal to supply your CNG fueling needs, please complete the form below and fax to: 800-379-2190 (toll-free).



Our general contact information is: FirmGreen, Inc.  
2901 West Coast Hwy., Suite 200  
Newport Beach, CA 92663  
Front desk: 949-270-2941  
Voicemail: 800-379-2190

**Station Name:** \_\_\_\_\_  
Station Location: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip | Postal code: \_\_\_\_\_

**Contact Name:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Estimated proposal response date:** \_\_\_\_\_

<b>Number and type of vehicles fueling per day:</b>		<b>Expected replacement with CNG:</b>
Vehicle 1 Type: _____	Daily fuel use: _____	Annual fuel amount: _____
How Many of type: _____	Fuel cacacity: _____	
Vehicle 2 Type: _____	Daily fuel use: _____	Annual fuel: amount _____
How Many of type: _____	Fuel capacity: _____	
Vehicle 3 Type: _____	Daily fuel use: _____	Annual fuel: amount _____
How Many of type: _____	Fuel capacity: _____	
Vehicle 4 Type: _____	Daily fuel use: _____	Annual fuel: amount _____
How Many of type: _____	Fuel capacity: _____	

**Expected station volume (estimate in diesel gallons):**

Year 1: _____	Year 5: _____	Year 9: _____
Year 2: _____	Year 6: _____	Year 10: _____
Year 3: _____	Year 7: _____	
Year 4: _____	Year 8: _____	

**Pipeline pressure available to the CNG facility, confirmed by the utility (psi):** \_\_\_\_\_

**Proximity of pipeline to compressor site (ft):** \_\_\_\_\_

**Electricity available at fueling site (Voltage/Amps):** \_\_\_\_\_

**Will there be any hazardous items that need to be removed or adjusted?**  Yes  No

**If yes, please briefly explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Is there a need to tie the CNG fueling operation into an existing information, alarm, and/or fuel management system?

Yes  No

Please briefly describe CNG related building, paving, and/or fencing adjustments needed:

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## Fast Fill Requirements

Fueling window/pattern (how many vehicles must fuel in X number of hours, how many vehicles fuel concurrently, how many windows during the day):

1st Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm	No. of vehicles: _____
1st End Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm	No. concurrently: _____
2nd Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm	No. of vehicles: _____
2nd End Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm	No. concurrently: _____
3rd Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm	No. of vehicles: _____
3rd End Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm	No. concurrently: _____
4th Start Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm	No. of vehicles: _____
4th End Time: _____	<input type="checkbox"/> am <input type="checkbox"/> pm	No. concurrently: _____

Diesel Gallons Equivalent/minute fueling rate required: \_\_\_\_\_

Details of your performance test for station acceptance if you have one (# and type of vehicles fueling concurrently in what time period, taking on how much fuel for each vehicle):

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## Time Fill Requirements

Time fill:  Yes  No

How many vehicles will time fill? \_\_\_\_\_

How close will the time fill posts be to the compressor (ft)? \_\_\_\_\_

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