

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION
BUREAU OF FUEL DISTRIBUTION**

PO BOX 483 - 7 HAZEN DR. - CONCORD, NH 03301

VOICE LINE: 603-271-2056

FAX LINE: 603-271-1485

E-Mail: FuelDistribution@dot.nh.gov

VEHICLE TAG REQUEST

Date Requested: _____

FLEET ID # (4 digits): _____

FLEET NAME: _____

CONTACT PERSON: _____ PHONE #: _____

EMAIL: _____

DEPARTMENT NAME: _____

DEPARTMENT ID# (8 digits): _____

VEHICLE: PLATE #: _____ AND/OR EQUIPMENT #: _____

YEAR, MAKE & MODEL: _____, _____ & _____

| | |
|--------------------------|--|
| TANK (1) CAPACITY | <input type="checkbox"/> <u>Unleaded</u> |
| Gallons: _____ | <input type="checkbox"/> <u>Diesel</u> |
| | <input type="checkbox"/> <u>Bio Diesel</u> |

| | |
|--------------------------|--|
| TANK (2) CAPACITY | <input type="checkbox"/> <u>Unleaded</u> |
| Gallons: _____ | <input type="checkbox"/> <u>Diesel</u> |
| | <input type="checkbox"/> <u>Bio Diesel</u> |

WILL YOU RECORD: ODOMETER ENGINE HOURS BOTH

Please Select One of the Following:

_____ NEW TAG

_____ UPDATE INFORMATION ONLY

_____ REPLACEMENT TAG (current tag must accompany form to avoid fee)

_____ MISCELLANEOUS TAG (Set gallon limit under Tank (1) above)

_____ AUXILIARY (SADDLE) TANK (Set gallon limit under Tank (1) above)

_____ REPLACEMENT OF LOST TAG (\$15 Fee – will show on fuel invoice)

_____ RETURNING TAG (No longer needed)

| | |
|-------------------------------|--|
| For FD Office Use Only | For Finance & Contracts: 31980000-405921-964353C-T9730 |
| Date Processed: _____ | Processed By: _____ |
| New Tag #: _____ | Old Tag#: _____ |