STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION
BUREAU OF FUEL DISTRIBUTION

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

VOICE LINE: 271-2056 FAX LINE: 271-6085

YOUR FLEET ID #: **(4 digit number)** _____ _____ _____ _____

YOUR FLEET NAME:_____

YOUR PHONE #:_____ **CONTACT PERSON:**_____

SITE KEY REQUEST:

Please Check One

_____ **NEW KEY(S), NUMBER OF KEYS REQUESTED** _____

_____ **REPLACEMENT KEY (Original key must accompany form to avoid fee)**

_____ **REPLACEMENT OF LOST KEY ($10 fee required)**

_____ **RETURNING KEY (No longer needed)**

Requesting Key(s) for _____ **fuel site, site #**_____

(If unsure which site, or more than one site – please leave blank, Fuel Distribution will fill it in)

DEPARTMENT NAME:_____

DEPARTMENT ID #: _____ _____ _____ _____ _____ _____ _____ _____

Dispersement of Diesel Fuel Keys:

Please be advised that as a representative of the State of New Hampshire, Department of Transportation, I have been authorized to distribute key(s) to you for the purpose of purchasing diesel fuel at the named fuel site above. The key(s) will remain the property of the Department of Transportation. While in your possession, authorized agents of the said fleet named above will be able to purchase diesel fuel for use by the fleet. By signing below, you acknowledge receipt of the key(s).

Received: _____ _____

Authorized Representative Signature Print Name and Official Title

Date: _____