

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION  
BUREAU OF FUEL DISTRIBUTION  
PO BOX 483 - 7 HAZEN DR. - CONCORD, NH 03301**

E-mail: [Bureau11@dot.state.nh.us](mailto:Bureau11@dot.state.nh.us)  
VOICE LINE: 271-2056 FAX LINE: 271-6085

**VEHICLE TAG REQUEST**

YOUR FLEET ID # (4 digits): \_\_\_\_\_

YOUR FLEET NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

DEPARTMENT ID# (8 digits): \_\_\_\_\_

VEHICLE PLATE #: \_\_\_\_\_

YEAR, MAKE & MODEL: \_\_\_\_\_, \_\_\_\_\_ & \_\_\_\_\_

FUEL TYPE (UL, DS, BIO or ALL products): \_\_\_\_\_ TANK(S) CAPACITY: \_\_\_\_\_ Gallons

Date Requested By Customer: \_\_\_\_\_

Please Check One

\_\_\_\_\_ NEW TAG

\_\_\_\_\_ UPDATE VEHICLE INFORMATION ONLY

\_\_\_\_\_ REPLACEMENT TAG (Original/current tag must accompany form to avoid fee)

\_\_\_\_\_ REQUESTING TAG TO REPLACE VEHICLE CARD

\_\_\_\_\_ ADDITIONAL TAG FOR EXISTING VEHICLE (\$10 fee required)

\_\_\_\_\_ REPLACEMENT OF LOST TAG (\$10 fee required)

\_\_\_\_\_ RETURNING TAG (No longer needed)

**For FD Office Use Only**

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

New Tag #: \_\_\_\_\_ Old Tag #: \_\_\_\_\_

For Finance & Contracts: 31980000-405921-964353C-T9730