

**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

E-mail: FuelDistribution@dot.nh.gov
cc Patty.Bailey@dot.nh.gov

VEHICLE TAG REQUEST

FLEET ID # (4 digits): _____

FLEET NAME: _____

CONTACT PERSON: _____ PHONE #: _____

DEPARTMENT NAME: _____

DEPARTMENT ID# (8 digits): _____

VEHICLE PLATE #: _____

YEAR, MAKE & MODEL: _____, _____ & _____

FUEL TYPE: _____ TANK(1) CAPACITY: _____ TANK (2) CAPACITY _____

WILL YOU RECORD: ODOMETER _____ and/or ENGINE HOURS _____

Date Requested By Customer: _____

Please Select One of the Following:

_____ **NEW TAG**

_____ **UPDATE INFORMATION ONLY**

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

_____ **REQUESTING TAG TO REPLACE VEHICLE CARD**

_____ **ADDITIONAL TAG FOR EXISTING VEHICLE (\$10)**

_____ **REPLACEMENT OF LOST TAG (\$10 fee - we will send 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# _____