



ARKANSAS LIQUEFIED PETROLEUM GAS BOARD
 3800 Richards Road
 North Little Rock, AR 72117

OFFICE USE ONLY	
Date Received:	
Date Processed:	

STATE TAG REPLACEMENT REQUEST FORM

This form is to be used for requesting a replacement tag(s) for LP-Gas container(s) that have previously been inspected and had a state tag affixed.

Name of Manufacturer:		DIA:	AOL:
Manufacturer Serial Number:		Shell Thickness:	
National Board Number:		Head Thickness:	
Year Manufactured:	W.G. Capacity (Size):	Type:	AG: UG: AG/UG:
Agency Assigned New State Tag Number:			

Name of Manufacturer:		DIA:	AOL:
Manufacturer Serial Number:		Shell Thickness:	
National Board Number:		Head Thickness:	
Year Manufactured:	W.G. Capacity (Size):	Type:	AG: UG: AG/UG:
Agency Assigned New State Tag Number:			

Name of Manufacturer:		DIA:	AOL:
Manufacturer Serial Number:		Shell Thickness:	
National Board Number:		Head Thickness:	
Year Manufactured:	W.G. Capacity (Size):	Type:	AG: UG: AG/UG:
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Manufacturer Serial Number:		Shell Thickness:	
National Board Number:		Head Thickness:	
Year Manufactured:	W.G. Capacity (Size):	Type:	AG: UG: AG/UG:
Agency Assigned New State Tag Number:			

Company Name:			
Company Location:		Street	City
Individual Making Request:		Name	Date:

This form will be returned to you with the new tag assignment(s). The state tag must be affixed to the container with the associated manufacturer's serial number.