



**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: <input type="checkbox"/> UG: <input type="checkbox"/> AG/UG: <input type="checkbox"/> |
| 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: <input type="checkbox"/> UG: <input type="checkbox"/> AG/UG: <input type="checkbox"/> |
| 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: <input type="checkbox"/> UG: <input type="checkbox"/> AG/UG: <input type="checkbox"/> |
| 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: <input type="checkbox"/> UG: <input type="checkbox"/> AG/UG: <input type="checkbox"/> |
| Agency Assigned New State Tag Number: |  |                       |  |       |   |

|                            |        |       |       |     |  |
|----------------------------|--------|-------|-------|-----|--|
| Company Name:              |        |       |       |     |  |
| Company Location:          | Street | City  | State | Zip |  |
| 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.