Motor Fuel Tax Section P O Box 1752 Little Rock, AR 72203 Phone. (501) 682-4800 Fax (501) 682-5599

ARKANSAS LPG FLAT FEE APPLICATION

Applicant's Name			FEIN/SSN	
Mailing Address			Telephone	
City, State, Zip				
Vehicle ID # (last 6 digits)	Make	Year	Model (Car, Truck	, Van, etc)
Was your vehicle purchased used? Yes No		Date vehicle tagged in your name:		
Is your vehicle factory converted? Yes No		Vehicle converted by?		
Has conversion equipment been transferred f Account number from Registration Card: The \$2.00 transfer fee is included in the amo	Conversion In rom a vehicle during t unt due shown below	he last 12 months? Yes	No gistration Card:	
Indicate type NON FARM	e of vehicle by c	hecking appropria FA	ate box. ARM	
Passenger Car or Motor Home		Pickup (1/2 Ton & 3/4 Ton)		
Pickup (1/2 Ton & ¾ Ton)		Pickup (1 Ton)		
Pickup (1 Ton)		Bob Truck Under 22,500 lbs GLW		
Bob Truck Under 22,500 lbs GL	w	Truck Over 22,50	0 lbs GLW	
Bus (school, church, etc)				
Truck Over 22,500 lbs GLW				

CONVERSION INFORMATION

Any Liquefied Gas Special Fuels dealer, garage, mechanic, owner, or operator of a motor vehicle who converts or causes such a vehicle to be converted to enable the same to be operated on Liquefied Gas Special Fuel, shall report the same to the Commissioner of Revenues, on forms prescribe by the Commissioner, within ten (10) days after such conversion. If any owner or operator shall fail to report such conversion to the Commissioner within the time prescribe above, such person shall be assessed a penalty of \$50.00 which shall be in addition to any criminal penalty provided in this Act. (Section 10, Chapter 3, Act 40 of 1965 1st Ext. Session)

PERMIT TRANSFER REQUEST

Is the Conversion equipment being transferred from a vehicle with a current permit?

Yes

No

Account Number from Registration Card:

Decal Number from Registration Card:

PLEASE ENCLOSE TRANSFER FEE OF \$2.00 (Do Not Send Cash)

Fee Received_____

Is the carburetion unit being transferred from another vehicle? If yes, complete the following on the old vehicle.

Year	Make	Type (Car, Pickup, etc.	Motor Number

Business or Person responsible for conversion work, (if known)

Name:_____

City, State:_____

APPLICATION MUST BE SIGNED

The undersigned applicant hereby declares under penalty of law, that the information provided above is true and correct to the best of his knowledge and belief, and that he will faithfully comply with the provisions of Act 40 of 1965 (1st Ext. Session), and all regulations promulgated pursuant thereto, and all lawful orders of the Commissioner of Revenues

Signature_____

Date_____