



STATE OF ARKANSAS  
**Department of Finance  
 and Administration**

DF&A-Revenue Division  
 Motor Fuel Tax Section  
 P. O. Box 1752  
 Little Rock, AR 72203-1752  
 Phone: (501)682-4800  
 Fax: (501)682-5599  
<http://www.state.ar.us/dfa>

**ALTERNATIVE FUELS VEHICLE CONVERSION NOTIFICATION  
 FORM**

PLEASE PRINT OR TYPE

Arkansas Code Ann. § 26-62-214 provides that any alternative fuels supplier, garage, mechanic, owner, or operator of a motor vehicle who converts or causes a vehicle to be converted to enable the vehicle to be operated on any type of alternative fuels shall report to the Department of Finance and Administration the required information listed below about the converted vehicle within ten (10) days after the conversion.

Please complete this form in its entirety. If you have more than one converted vehicle, please submit a separate form for each vehicle. If you have any questions, please contact the Motor Fuel Office at 501-682-4800.

Vehicle Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Make & Model \_\_\_\_\_ Year \_\_\_\_\_

VIN \_\_\_\_\_ License Number \_\_\_\_\_

**VEHICLE CONVERSION INFORMATION**

Date of Conversion \_\_\_\_\_ Fuel Conversion to: CNG \_\_\_\_\_ Other (list type) \_\_\_\_\_

Name of Conversion Dealer or Mechanic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**INSTALLER AGREES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THIS FORM IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE.**

\_\_\_\_\_  
 Conversion Dealer or Mechanic's Signature

\_\_\_\_\_  
 Date