Arkansas State Highway and Transportation Department
Import Export Permits
P.O. BOX 2779
Little Rock, AR 72203-2779

Toll Free 24 Hours Daily
1-800-451-2782

Permit #

IMPORT/EXPORT LOAD PERMIT

The distributor/supplier named below is permitted to transport motor fuels in Arkansas in accordance with the provisions of Act 977 of 1987 as codified in Ark. Code Ann. §§ 26-55-601 - 26-55-609, et. seq. The distributor/supplier named below assumes responsibility for the payment of the Arkansas Fuel Taxes legally due on this fuel.

PLEASE PRINT LEGIBLY (Only One Letter or Number per Square)

1. DISTRIBUTOR/SUPPLIER:

ARKANSAS DISTRIBUTOR/SUPPLIER LICENSE NO.: | | | | | | **EXAMPLE** | 0 | 0 | 1 | 2 | 4 |

2. CARRIER:

D.O.T. #: | | | | | | | | |

3. BILL OF LADING INFORMATION:

EXAMPLE | J | | D | O | E | | O | I | L | | I | N | C |

A. Name of Oil Company Furnishing Product :

B. Bill of Lading/Manifest Date and Number:

EXAMPLE | 9 | 6 | 5 | 2 | 4 | 7 |

	M M	/	D D	/	Y Y Y Y		Number
Date		/		/			Number
Date		/		/			Number
Date		/		/			Number

C. Origin State (Terminal or Bulk Plant:) (Check all that apply)

AR ◯ **LA** ◯ **MO** ◯ **MS** ◯ **OK** ◯ **TN** ◯ **TX** ◯ _____ ◯ Other (Write In)

D. Type of Fuel being transported (Fill in all that apply)

Gasoline [065]	◯ Net Gallons		Jet Fuel [130]	◯ Net Gallons	
Clear Diesel [160]	◯ Net Gallons		Kerosene [142]	◯ Net Gallons	
Dyed Diesel [228]	◯ Net Gallons		Other [9]	◯ Net Gallons	

4. DELIVERY INFORMATION:

(Check all destination states that apply)

A. **AR** ◯ **LA** ◯ **MO** ◯ **MS** ◯ **OK** ◯ **TN** ◯ **TX** ◯ _____ ◯ Other(Write In)

B. City and Name of Location Receiving Fuel (Fill in all destinations that apply)

		Fuel Type Code	**Net Gallons**
City			
Location			
City			
Location			
City			
Location			
City			
Location			

5. DRIVER SIGNATURE

Please mail completed Permit and copies of all Bill(s) of Lading to the above address