



**REQUEST FOR PERSONLIZED LICENSE PLATE**

Read this form carefully before completing. When completed please return **this form and the \$25.00 personalized fee** to the following address:

Department of Finance and Administration  
Revenue Division- Personalized Plate Unit  
P.O. Box 1272  
Little Rock, AR 72203

<b>Plate Type Requested</b>
Buffalo River License Plate

Printed name and address of vehicle owner as shown on registration certificate.
"Name
Address
City, State. Zip

Current Arkansas License Plate No.                      Driver License License No.                      Telephone No.

**The local Revenue Office cannot** research a request for availability. The request must be submitted to the Special License Unit. No search requests may be completed by phone.

I hereby request the following personalized Buffalo River license plate number and certify that my registration privileges have not been suspended or revoked.

List three (4) choices. in order of preference. Please do not request a combination that you do not want. Please make sure all letters are capitalized, and number written clearly.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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After choice has been accepted with the \$25.00 fee, there can be no change or refund of fee.

Personalized plates are ordered the first of every month. New plates should return to this office within eight (8) to (10) weeks after the order goes to the factory.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY SPECIAL LICENSE UNIT. DO NOT WRITE BELOW THIS LINE.**

License Ordered \_\_\_\_\_ Order Date \_\_\_\_\_

Agent Signature \_\_\_\_\_ County \_\_\_\_\_

Date Recd.                      Check#                      Date Approved                      Special Fee