



**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

Following are the special plates for which a personalized plate may be obtained. Check the box to the left of the special personalized plate you are ordering.

Type Plate Requested	
<input type="checkbox"/> Arkansas Cattleman's Foundation	Committed to Education (Books)
<input type="checkbox"/> Arkansas Golf Association	In God We Trust
<input type="checkbox"/> Arkansas Realtor	Organ Donor Awareness
<input type="checkbox"/> Boy Scouts of America	U of A Fayetteville Agriculture (4H)
<input type="checkbox"/> Breast Cancer Education, Research, and Awareness	Committed to Education (A+)
<input type="checkbox"/> Choose Life	

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

Current Arkansas License Plate No. \_\_\_\_\_ Driver's 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 license plate number and certify that my registration privileges have not been suspended or revoked.

**The characters in vertical alignment on the special plate, if any, must remain on the plate. You may submit combinations only for the characters in horizontal alignment. List three (3) choices, in order of preference.**

Please do not request a combination that you do not want. Please make sure letters are capitalized and numbers written clearly.

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After choice has been accepted with the \$20.00 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 ten (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 \_\_\_\_\_

Rate Recd.	Check#	Date Approved	Special Fee
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