REQUEST FOR PERSONALIZED 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

Check the box of the personalized collegiate plate you are ordering.

| ARKANSAS TECH UNIVERSITY (WONDER BOYS) |  |
| HENDRIX COLLEGE (WARRIORS) |  |
| UNIVERSITY OF OZARKS |  |
| LYON COLLEGE |  |
| HARDING UNIVERSITY |  |
| UNIVERSITY OF FORT SMITH |  |
| JOHN BROWN UNIVERSITY |  |

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

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 requests the following personalized collegiate license plate number and certify that my registration privileges have not been suspended or revoked.

List three (3) choices, in order of preference. Please do not request a combination that you do not want. Please make sure all letters are capitalized and numbers written clearly.

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 ten (10) weeks after the order goes to the factory.

Signature of Owner ___________________________________________ Date ________________

TO 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 __________

10-320 2/17/2022