



**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

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

ARKANSAS TECH UNIVERSITY (WONDER BOYS)	<input type="checkbox"/>
HENDRIX COLLEGE (WARRIORS)	<input type="checkbox"/>
UNIVERSITY OF OZARKS	<input type="checkbox"/>
LYON COLLEGE	<input type="checkbox"/>
HARDING UNIVERSITY	<input type="checkbox"/>
UNIVERSITY OF FORT SMITH	<input type="checkbox"/>
JOHN BROWN UNIVERSITY	<input type="checkbox"/>

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 beensuspended 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 numberswritten 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"/>
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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 arc ordered the fast 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 \_\_\_\_\_