STATE OF ARKANSAS
OFFICE OF MOTOR VEHICLES
REQUEST FOR GOLD STAR FAMILY LICENSE PLATE

Special Gold Star Family license plates are issued at no charge under Arkansas Code 27-24-309. This section provides that, in order to be eligible for this special plate, the applicant must be the Spouse, parent or sibling of a member of the armed forces of the United States, killed in a conflict recognized by the United States Department of Defense, and who has received a Gold Star Lapel Button issued by the United States Department of Defense.

Indicate if parent, spouse or sibling by checking the appropriate box below:

☐ Spouse  ☐ Parent  ☐ Sibling

Following are requirements for a Special Gold Star Family license plate:

• Submit this form signed and dated;
• The applicant must present a copy of the Report of Casualty DD1300 form, which will be forwarded by the Revenue Office to the Office of Motor Vehicle to be kept on file;
• If spouse, the applicant must present a copy of marriage certificate reflecting applicant’s marriage to deceased veteran, or if a parent, a copy of birth certificate reflecting that applicant is a parent of the deceased veteran;
• The eligible applicant must be listed as owner or a co-owner on the certificate of title and registration of the motor vehicle to which the Special Gold Star Family license plate will be issued;
• Under Arkansas Code 27-24-309, no more than one (1) Gold Star Family license plate may be issued to an eligible applicant.

CERTIFICATION OF APPLICANT

I certify, under penalty of perjury, that, as stated above, I am the spouse or parent of a member of the United States Armed Forces, killed in action in a conflict recognized by the United States Department of Defense. I have received a Gold Star Lapel Button issued by the United States Department of Defense and I am supplying the Arkansas State Revenue Office with a copy of the Form DD1300 from the United States Department of Defense.

Printed Name of Applicant  ____________________________________________

Signature of Applicant __________________________________________ Date ________