



REQUEST FOR PERSONLIZED LICENSE PLATE

Read this form carefully before completing. **Please complete this form and send in the personalized plate fee of 30.19 to have plate mailed or 26.39 to pick up plate.**

Mail 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 collegiate plate you are ordering.

Passenger Car		

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

Plate Number:	VIN:
Email Address:	Phone Number:

You can also go online and apply for this personalized Plate at www.mydmv.arkansas.gov

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. Passenger car up to 7 characters, Motorcycle up to 5 character.

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After choice has been accepted and all the fees collected, 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 _____