

Send Completed Form Department of Finance and Administration Revenue Division- Personalized Plate Unit P.O. Box 1272, Room 1130 Little Rock, AR 72203

**Or Fax Form to:** (501) 537-5716

Order Personalized Plates Online at <u>www.mydmv.arkansas.gov</u>

# Personalized License Plate Relinquish Rights Form

# Vehicle Owner Information-Person <u>Relinquishing</u> Rights to Personalized Plate

Name:				
Address:				
City:		State:		Zip:
Phone #:	Email Address:		<u>Optional</u> Operator or Chauffeur's License #:	

# **Personalized Plate Information**

Plate #:

# Person Obtaining Rights to the Personalized Plate Above

Name:	
Address:	
	5 J
City:	State:
Phone #:	Email Address:

# **Applicant's Statement**

I hereby relinquish my rights to the personalized plate format above. I understand that this action allows the letter/number combination to be reissued to the applicant above.

Signature of Owner