



# JOHN THURSTON

ARKANSAS SECRETARY OF STATE

## Traveler Request Form

*(Arkansas Travelers are only for persons not born in Arkansas and cannot be an Arkansas resident. 15 years of age and older.)*

Please return your application via instructions at the bottom of this application

Traveler for: \_\_\_\_\_  
(Include rank if military)

Remaining in Arkansas:  Yes  No If no, moving to what state/country: \_\_\_\_\_  
(N/A if not applicable)

PCSing:  State/Country or Birthplace: \_\_\_\_\_

Date Wanted on Traveler: Month \_\_\_\_\_ /Day \_\_\_\_\_ / Year \_\_\_\_\_

<u><b>Military Only</b></u>
If recipient is retiring and you want a retirement letter with the traveler please provide the recipient's complete home address, branch and years of service.
Address: _____
City: _____ State: _____ ZIP: _____
Branch: _____ Years of service: _____

Requested by: \_\_\_\_\_ Contact #: \_\_\_\_\_

Pick-up  Mail to: Name: \_\_\_\_\_  
(Check one) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<b>Internal Use Only:</b>
Date Request Received: _____
Contacted: _____ Mailed: _____ Picked up: _____

Lyndajo Jones-Watson  
lyndajo.jones@sos.arkansas.gov  
501 682-3013 Fax: 501 682-3510

**Note:** Once application is completed save as a document to your computer and send back as an attachment to the above e-mail address.