



# JOHN THURSTON

ARKANSAS SECRETARY OF STATE

## Traveler Request Form

*(Visitors or Non-residents only, 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: \_\_\_\_\_

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

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

Military Only

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: \_\_\_\_\_

**Internal Use Only:**

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.