



JOHN THURSTON

ARKANSAS SECRETARY OF STATE

Traveler Request Form (Visitors or Non-residents only)

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

Traveler for: _____
(Include rank if military)

State/Country person is from: _____ / Will Be Residing In: _____

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: _____

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.