



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: \_\_\_\_\_ / Permanent Residence: \_\_\_\_\_

Traveler Dated: 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.