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| **AFFIDAVIT** |
|  | I, |       | do hereby attest, | under penalty of law, | that |       |  |  |
|  |  | (*Clerk Name*) |  |  |  | (*Customer Name*) |  |  |
|  | does qualify for the Military Specialty license plate and/or campaign designation and was honorably discharged. |  |  |  |  |
| The following document(s) was presented as proof for the military specialty plate and/or campaign designation: |  |  |
| [ ]  | DD 214 (required for campaign designation sticker requests or Bronze Star plate requests) |  |  |
| [ ]  | DD Form 2 (Retired/Retired Reserves) |  |  |
| [ ]  | CAC Card (Reserves) |  |  |
| [ ]  | NGB 22 (Reserves/Retired Reserves) |  |  |
| [ ]  | Veteran ID Card (Retired/Retired Reserves) |  |  |
| [ ]  | Veteran Health ID Card (Retired/Retired Reserves) |  |  |
| [ ]  | Kentucky Driver’s License stating “Veteran” status |  |  |
| [ ]  | Letter from Kentucky Department of Veteran’s Affairs |  |  |
| [ ]  | Other Dept. of Defense form/s (*Please list*.)  |       |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Signature of Affiant* (*Clerk*) |  |  | *Date* |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Subscribed and attested to before me this date |  | / |  | / |  | . |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | *mm* |  | *dd* |  | *yyyy* |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Attesting official/Notary signature and title |  |  |
|  |  |  |  |
|  | My commission #: |  |  | My commission expires: |  | / |  | / |  | . |  |  |  |  |  |  |  |  |
|  |  |  |  |  | *mm* |  | *dd* |  | *yyyy* |  |  |  |  |  |  |  |  |  |
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