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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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| |  | |  | Attesting official/Notary signature and title | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | My commission #: | | | | | | | | |  | | | | | | | |  | | | My commission expires: | | | | | | | | | | | | | | | | |  | | | | | / | |  | | | | | | | / |  | | | | | | | . | | |  | | | |  | | |  | | |  |  |  |  | | | |  | |  |  | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | *mm* | | | | |  | | *dd* | | | | | | |  | *yyyy* | | | | | | |  | | |  | | | |  | | |  | | |  |  |  |  | | | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  | |  |  | |  | | | |  | | |  | | | |  | |  | |  | |  |  | |  | |  | | | | |  | |  | | | | | |  | | |  | | | |  | | |  | | | |  | | |  | |  |  |  |  | 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