



CERTIFICATION OF ELIGIBILITY FOR THE ARMED FORCES EXPEDITIONARY MEDAL LICENSE PLATE

State Form 57107 (4-21)

INDIANA DEPARTMENT OF VETERANS AFFAIRS

777 North Meridian Street, Suite 300

Indianapolis, Indiana 46204-1421

Telephone: (317) 232-3910

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

| | | |
|--------------------------------|---|--|
| Full Name of Veteran | | |
| Address (number and street) | | |
| City | State | ZIP Code |
| Social Security Number (SSN) * | VA Claim Number (if different than SSN) | Veteran's telephone number () |

I am requesting eligibility determination for the following license plate:

Armed Forces Expeditionary Medal –

You must include evidence of award of the Armed Forces Expeditionary Medal along with this form.

| | |
|----------------------|-------------------|
| Signature of veteran | Date (mm/dd/yyyy) |
|----------------------|-------------------|



You may mail or hand carry this application to the address above. In addition to this application, please include evidence that you were awarded the ARMED FORCES EXPEDITIONARY MEDAL. This can be on a DD214, orders, or an award certificate. You must have been specifically awarded the Armed Forces Expeditionary Medal.

There is an additional fee for this plate. The fee goes to the Military Family Relief Fund. The purpose of the fund is to provide grants to Indiana veterans and their families in time of need to assist with things such as food, housing, utilities, medical services, transportation, and other essential family support expenses. More information about the Military Family Relief Fund can be found on the Indiana Department of Veterans' Affairs website at www.in.gov/dva.

DO NOT WRITE BELOW THIS SPACE. TO BE COMPLETED BY INDIANA DEPARTMENT OF VETERANS AFFAIRS.

The above named veteran is eligible for the following license plate(s):

ARMED FORCES EXPEDITIONARY MEDAL

| | |
|----------------------------------|------------------|
| Signature of Approving Authority | Date (mm/dd/yyy) |
|----------------------------------|------------------|