VETERAN EMBLEM ORDER FORM

The Department of Licensing

The Licensing Building, 1125 Washington Street SE, Olympia WA 98504

Name of Honorably Discharged Veteran: _____ Telephone: ( ) _____

Address: _____ State : _____ Zip : _____

PACKET ORDER: A packet includes one U.S. Veteran emblem and your choice of any two campaign ribbons or U.S. Flag emblems. EMBLEM CHOICE 1. _____ 2. _____

Please include payment of $10 per packet and a copy of your DD214, which may not be returned.