

ARKANSAS STATE VEHICLE SAFETY PROGRAM

September 2017

VSP-1

AUTHORIZATION TO OPERATE
STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS

The following must be completed and signed before authorization to drive on state business is granted:

Agency Code/Name:

Driver:

Date of Birth: Last Name First Name Middle Initial Personnel #:

Drivers License Number:

Initial Each of The Following:

I understand that as permitted by A.C.A. § 27-50-906 (6)(A), the Office of Driver Services will notify my employer each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Information Network of Arkansas.

I understand that because of my driving record I may not be permitted to drive on State business.

I will participate in all required Defensive Driving Classes.

I will report all accidents and incidents that occur on state business to my employer immediately and to BancorpSouth at 501-664-9252 (see Section III A).

I have received the Driving Safety Tips handout provided by my employer.

I understand that I must maintain liability coverage, as required by State Law, on my private vehicle(s) that I drive on State business.

I pledge to end distracted driving including but not limited to, use of a "handheld wireless telephone" while operating a motor vehicle, in accordance with A.C.A. §27-51-1504.

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by A.C.A. § 27-50-906 and A.C.A. § 27-50-908. This record shall include material normally excluded by A.C.A. § 27-50-802.

Signature of individual appearing below shall constitute consent for the release of such records to the State agency named on this form.

Driver Signature:

Date:

ARKANSAS STATE VEHICLE SAFETY PROGRAM

September 2017

FOR NON-RESIDENT DRIVERS ONLY

VSP-2

***AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD
FROM DEPARTMENT OF FINANCE AND ADMINISTRATION,
OFFICE OF DRIVER SERVICES***

Fax completed form to: (501) 682-2075

Agency Code/Name: _____

Agency Address: _____

Agency Contact Person: _____

Email Address: _____

Telephone Number: _____

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by A.C.A. § 27-50-906 and A.C.A. § 27-50-908. This record shall include material normally excluded by A.C.A. § 27-50-802.

Signature of individual appearing below shall constitute consent for the release of such records to the State agency named on this form.

Driver Signature

Date

Driver

Personnel #

(Print)

Last Name

First Name

Middle Initial

Drivers License #

State

Date of Birth