

**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 given:

Agency Code/Name: 405 Arkansas State Bank Department

Employee:

Date of Birth:

Drivers License Number:

Initial Each of The Following:

- I understand that as permitted by Arkansas Code Ann. §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 that occur on state business to my employer immediately.
- I have read the Driving Safety Tips provided by my employer.
- I understand that I must maintain liability coverage, as required by State Law, on my personal vehicles that I drive on State business.

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

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

Employee Signature:

Date:

FOR NON-RESIDENT DRIVERS ONLY

**VSP-2 AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD
FROM DEPARTMENT OF FINANCE AND ADMINISTRATION,
OFFICE OF DRIVER SERVICES**

Agency Code/Name: 405 Arkansas State Bank Department

Agency Address: 400 Hardin Road, Suite 100, Little Rock, AR 72211

Agency Contact Person: Gail Green

Email Address: ggreen@banking.state.ar.us

Telephone Number: (501) 324-9019

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

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

Employee

Last Name

First Name

Middle Initial

D.L.N.

State

Date of Birth

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