

ARKANSAS STATE VEHICLE SAFETY PROGRAM
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 WILL BE GIVEN

Faculty Staff Student Extra Labor Adjunct Camp Other

Agency **Arkansas Tech University**

Name as it appears
On Driver's License

Campus Department
Or Faculty Club Sponsor Department
(If Student Organization travel)

Student Services

Campus Phone # 968-0239

Date of Birth

Drivers License Number

_____ License State _____

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 businesses.

I will participate in all required Defensive Driving Classes.

I will report all accidents that occur on state business to my employer 1)within 24 hours of the occurrence or by the next working day if the accident occurs in State Vehicle and 2)within 7 working days if the accident occurs in a private vehicle.

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.

Student Signature

Car Tags # _____

Today's Date

Name of Owner of
Vehicle Being Driven _____