

**ARKANSAS STATE VEHICLE SAFETY PROGRAM**

November 2021

**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 Name		Agency Code
Last Name	First Name	Middle Name
Date of Birth	Driver's License Number	Personnel 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 Driver Improvement Classes.

I will report all accidents and incidents that occur on State business to my employer immediately and to the Insurance claim office.

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 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
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