

**ARKANSAS STATE VEHICLE SAFETY PROGRAM  
AUTHORIZATION TO OPERATE  
STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS**

**APPLICANT MUST PROVIDE A COPY OF THE FRONT AND BACK OF DRIVER'S LICENSE**

Agency Code: 710

Agency: Department of Human Services, Division of Children and Family Services

**APPLICANT MUST COMPLETE AND SIGN THE FOLLOWING BEFORE  
AUTHORIZATION TO DRIVE ON STATE BUSINESS WILL BE GIVEN:**

**DRIVER CATEGORY:** (Please check one box)

- Employee                       Job Applicant                       Foster Parent                       Stipend Student  
 Volunteer                       Other DCFS Affiliate (Specify) \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

**Read and initial each of the following statements:**

\_\_\_\_\_ 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 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 1) within 24 hours of occurrence or by the next working day if the accident occurs in a State Vehicle and 2) within 7 working days if the accident occurs in a private vehicle.

\_\_\_\_\_ I have read the Driving Safety Tips.

\_\_\_\_\_ I understand that I must maintain liability coverage, as required by state law, on my personal vehicles that I drive on state business.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_