

# ARKANSAS STATE VEHICLE SAFETY PROGRAM AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD

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

STATE AGENCY: DEPARTMENT OF HUMAN SERVICES

AGENCY CODE: 710 / Division of Children & Family Services

AGENCY ADDRESS: DCFS Area \_\_\_\_\_ County \_\_\_\_\_

**IN ORDER TO PROCESS, APPLICANT MUST COMPLETE THE FOLLOWING INFORMATION**

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

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

I understand that this authorization to obtain my Traffic Violations Record will remain in effect until my employment or other activities with DCFS have ended

\_\_\_\_\_  
Driver's Name    Date of Birth    Driver's License Number

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

Employee                       Job Applicant                       Foster Parent                       Stipend Student

Volunteer                       Other DCFS Affiliate (Specify) \_\_\_\_\_

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

**THE FOLLOWING IS TO COMPLETED ONLY BY THE CERTIFIER**

As the (Check one)       Hiring Official                       Supervisor or Designee                       Family Service Worker

Program Manager       University Representative

of the above named DCFS affiliated driver I have:

Reviewed this form and certify that the above named person has given consent for DHS/DCFS to have access to his or her Traffic Violations Record (TVR) from the Office of Driver's Services as permitted by A.C.A. § 27-50-908.

\_\_\_\_\_  
Certifier's Name (Print)

\_\_\_\_\_  
Certifier's Signature

\_\_\_\_\_  
Date