



STATE OF ARKANSAS  
**Department of Finance  
 And Administration**

**DRIVER SERVICES**  
**Driving Records**  
 Ragland Building, Room 1130  
 Post Office Box 1272  
 Little Rock, Arkansas 72203  
 Phone: (501) 682-7207  
 Fax: (501) 682-2075  
<http://www.state.ar.us/dfa>

Name of Requestor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attention: \_\_\_\_\_

INDICATE THE TYPE OF RECORDS BEING REQUESTED

\_\_\_\_\_ Commercial Records (\$10.00 EA.)

\_\_\_\_\_ Insurance Records (\$7.00 EA.)

	Drivers License Number	Date of Birth	License Type	Name (Last, First)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				