Non-Resident ONLY

ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD
FROM DEPARTMENT OF FINANCE AND ADMININSTRATION, OFFICE OF DRIVER SERVICES

- **State Agency** **Department of Finance and Administration** **Code_____**
- **Agency Address** **PO Box 2485 Rm. 102 1515 Building Little Rock AR 72203**
- **Agency Contact Person** **Obreona Wayne 501-324-9065**

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by Arkansas Code Ann. 27-50-906 and 27-50-908. This record shall include material normally excluded by Arkansas Code Ann.27-50-802.

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

Employee_____,_____,_____
Last Name First Name Middle Initial

D.L.N._____/State_____Date of Birth_____/_____/_____

Employee_____,_____,_____
Last Name First Name Middle Initial

D.L.N._____/State_____Date of Birth_____/_____/_____

Employee_____,_____,_____
Last Name First Name Middle Initial

D.L.N._____/State_____Date of Birth_____/_____/_____

Employee_____,_____,_____
Last Name First Name Middle Initial

D.L.N._____/State_____Date of Birth_____/_____/_____

Employee_____,_____,_____
Last Name First Name Middle Initial

D.L.N._____/State_____Date of Birth_____/_____/_____

Employee_____,_____,_____
Last Name First Name Middle Initial

D.L.N._____/State_____Date of Birth_____/_____/_____

VSP-2
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