



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

OFFICE OF DRIVER SERVICES

Drug and Alcohol Testing Database

Ragland Building, Room 1070

Post Office Box 1272

Little Rock, Arkansas 72203

Phone: (501) 683-0984

Fax: (501) 682-2075

REQUEST OF RECORD FOR ALCOHOL AND DRUG TEST RESULTS

I, _____ do hereby request

A COPY OF MY:

Alcohol/Drug Record - \$1.00

Signature		Date
Date of Birth	Telephone Number	Driver's License Number

Please: Mail Email Fax

My Record To: _____
