DEPARTMENT OF FINANCE AND ADMINISTRATION

## Office of Driver Services

# Financial Responsibility Acceptance and Release Form

| Applicant's Name | |
|---|---|
| Driver's License/ID Number | Date of Birth |

**FINANCIAL RESPONSIBILITY ACCEPTANCE**

The above mentioned applicant has made an application for an Arkansas Driver's License. Before an Arkansas driver's license can be issued to any applicant under the age of 18, signature of a parent or legal guardian assuming financial responsibility must be obtained as stated in Arkansas statute 27-16-702.

If you have no objection to the issuance of a driver's license to the above mentioned applicant and are willing to accept financial responsibility for the issuance of an Arkansas driver's license, please sign below.

| Parent or Guardian Signature | Parent or Guardian Printed Name | | |
|---|---|---|---|
| Parent or Guardian Address | City | State | ZIP Code |
| Revenue Agent/Cashier Signature | Date | Time | |

If you choose to be released from financial responsibility, you must take this completed form to a Revenue Office or Driver Control Office for processing.

**FINANCIAL RESPONSIBILITY RELEASE**

I signed for the above named applicant to be financially responsible for this individual until they reached the age of 18. This is to request that I be relieved of any financial responsibility of the above mentioned applicant and to request that the driver's license be cancelled as stated in the Arkansas statute 27-16-703.

I understand that by signing this form that the Arkansas's Driver's License for the above mentioned individual will be cancelled and I agree to surrender the license if it is in my possession.

| Parent or Guardian Signature | Parent or Guardian Printed Name | | |
|---|---|---|---|
| Parent or Guardian Address | City | State | ZIP Code |
| Revenue Agent/Cashier Signature | Date | Time | |

**Note:** If you have not received written confirmation within 5 business days, please contact Driver Control at (501) 682-1631.

**Driver Control use only:**

☐ Yes ☐ No Driver's License surrendered?

Remit Form to:
**Driver Control**, P.O. Box 1272, Room 1070, Little Rock, AR 72203