

ARKANSAS STATE VEHICLE SAFETY PROGRAM
January 2018

FOR NON-RESIDENT DRIVERS ONLY

VSP-2
**AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD
FROM DEPARTMENT OF FINANCE AND ADMINISTRATION,
OFFICE OF DRIVER SERVICES**
Fax completed form to: (501) 682-2075

Agency Code/Name: _____

Agency Address: _____

Agency Contact Person: _____

Email Address: _____

Telephone Number: _____

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

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

Driver Signature Date

Driver Personnel #
(Print) Last Name First Name Middle Initial

Drivers License # State Date of Birth

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