

ARKANSAS STATE VEHICLE SAFETY PROGRAM

July 2017

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

