



DEPARTMENT OF FINANCE AND ADMINISTRATION
Office of Driver Services, Driver Control
Age Waiver Application

Only those applicants who can provide verifiable documentation of a true hardship, which would cause extreme privation and/or suffering, should apply.

Eligibility:

The Office of Driver Services may issue an age waiver to a minor under the age of 18 upon a showing need in accordance with §27-16-804.

- Applicant must have a valid Arkansas driver's license and must have correct address on their license.
- Applicant must have a minimum of six (6) months driving experience beginning on the date the learner's license was issued.
- Applicant cannot have any in-state or out of state at fault accidents, traffic violations, or suspensions.

Documents Required:

- Age Waiver Application
- Additional supporting documentation is required as follows:
 1. Age Waiver Insurance Verification
 2. Age Waiver Work Verification- If applicable
 3. Age Waiver School Verification- If applicable
 4. Age Waiver Medical Verification- If applicable

If someone other than a parent has legal custody, a copy of the legal documents(s) supporting this fact must be submitted with the application.

All letters must be signed and dated within the last 30 days.

Request Age Waiver Hearing:

Incomplete applications will be denied.

All age waiver hearings will be conducted in person. The requestor (parent/guardian who agreed to be financially responsible) and the applicant (young driver) are required to be present at the hearing.

You will need to request a hearing with Driver Control after all documents are gathered and age waiver application is completed.

To request a hearing contact your local Driver Control office.

The parent or guardian must have an Arkansas driver's license or Identification card. The parent or guardian that signs the age waiver application must be the same individual that signed for financial responsibility.

Revocation of Age Waiver:

A moving traffic conviction, any violation of the provisions of the restricted age waiver, or any "at fault" accident will result in the revocation of the restricted age waiver and no other waiver will be considered.

At any time, Driver Control may review the issuance of an age waiver to determine the necessity of waiver.

Age Waivers Will Not Be Granted for the Following:

- Age waivers are not issued for voluntary services, church, or extracurricular activities outside of school activities.
- An age waiver will not be granted to transport siblings to any other destination other than the school the age waiver applicant attends.
- Age waivers will not be granted for employment that requires delivery services, driving a company vehicle, lawncare services, babysitting, or any other employment that requires driving to multiple jobsite locations.
- Age waivers will not be approved for out of state travel.

Additional Information:

An age waiver will only be granted for the time period that an extracurricular activity is in effect.

An age waiver will not be granted to drive before 6 a.m. or after 9 p.m.

An age waiver will not be granted for the minor to drive further than 30 miles (one way).

SECTION A- APPLICANT INFORMATION (required)

LAST NAME	FIRST NAME	DATE OF BIRTH
DRIVER'S LICENSE NUMBER	PHONE NUMBER	HARDSHIP REASON: <input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> MEDICAL
ADDRESS		
CITY	STATE AR	ZIP-CODE

SECTION B- NECESSITY OF AGE WAIVER (Attach Additional Pages if Necessary)

Explain in detail the nature of the hardship: _____

Explain why there is not a licensed adult available for transportation: _____

Explain the circumstances that have changed since the minor received their learner's license that transportation is no longer available: _____

SECTION C-PRIMARY HOUSEHOLD INFORMATION

FATHER/MOTHER/GUARDIAN				DATE OF BIRTH		
DRIVER'S LICENSE NUMBER		PHONE NUMBER		WORK PHONE		
ADDRESS			CITY		ZIPCODE	
NAME OF EMPLOYER			JOB TITLE			
WORK SCHEDULE:						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

FATHER/MOTHER/GUARDIAN				DATE OF BIRTH		
DRIVER'S LICENSE NUMBER		PHONE NUMBER		WORK PHONE		
NAME OF EMPLOYER			JOB TITLE			
WORK SCHEDULE:						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

SECTION D-SECONDARY HOUSEHOLD FREQUENCY (if applicable)

Applicant will not be allowed to drive to/from secondary household without parental consent from both households.

Secondary household frequency: weekly bi-weekly other

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

SECTION E-SECONDARY HOUSEHOLD INFORMATION

FATHER/MOTHER/GUARDIAN				DATE OF BIRTH		
DRIVER'S LICENSE NUMBER		PHONE NUMBER		WORK PHONE		
ADDRESS			CITY		ZIPCODE	
NAME OF EMPLOYER			JOB TITLE			
WORK SCHEDULE:						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

FATHER/MOTHER/GUARDIAN				DATE OF BIRTH		
DRIVER'S LICENSE NUMBER		PHONE NUMBER		WORK PHONE		

NAME OF EMPLOYER				JOB TITLE		
WORK SCHEDULE:						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

SECTION F-SIBLINGS/ HOUSEHOLD MEMBERS

List all licensed drivers in either household. This includes brothers, sisters, grandparents or any other person living with the applicant.

NAME	AGE	DRIVER'S LICENSE NUMBER
REASON THEY CANNOT ASSIST WITH TRANSPORTATION?		
NAME	AGE	DRIVER'S LICENSE NUMBER
REASON THEY CANNOT ASSIST WITH TRANSPORTATION?		
NAME	AGE	DRIVER'S LICENSE NUMBER
REASON THEY CANNOT ASSIST WITH TRANSPORTATION?		

SECTION G-REQUIRED SIGNATURES

VERIFIED CONSENT FOR AN AGE WAIVER

I, the undersigned, do hereby consent to the issuance of an age waiver to _____, whose relationship to me is _____. I understand that I can be held responsible for any liability caused by his/her negligence or willful misconduct in the operation of a motor vehicle. I understand that I may have the age waiver cancelled by sending a request to The Office of Driver Services.

By signing this application, I swear or affirm that the information submitted in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____
Must appear at the hearing and be the parent/guardian that assumed financial responsibility.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian of Secondary Household: _____ **Date:** _____
Required if requesting to drive to/from secondary household.