

**ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OPERATE
STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS**

THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE AUTHORIZATION TO DRIVE ON STATE BUSINESS WILL BE GIVEN.

Agency Code: 710

Agency: Department of Human Services, Division of Children and Family Services

DRIVER CATEGORY: (Please check one box)

- Employee Job Applicant Foster Parent Stipend Student
 Volunteer Other DCFS Affiliate (Specify) _____

Driver's Name: _____

Date of Birth: _____

Drivers License Number: _____

Read and initial each of the following statements:

- _____ I understand that as permitted by Arkansas Code Ann. 27-50-906 (6) (A), the Office of Driver Services will notify my employer each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Network of Arkansas.
- _____ I understand that because of my driving record I may not be permitted to drive on State business.
- _____ I will participate in all required Defensive Driving classes.
- _____ I will report all accidents that occur on state business to my employer 1) within 24 hours of occurrence or by the next working day if the accident occurs in a State Vehicle and 2) within 7 working days if the accident occurs in a private vehicle.
- _____ I have read the Driving Safety Tips.
- _____ I understand that I must maintain liability coverage, as required by state law, on my personal vehicles that I drive on state business.

Driver's Signature: _____ Date: _____