Agencies entitled to free driving records can utilize the State Vehicle Safety (SVS) System to obtain their employees driving records. Agencies will be notified by email on a weekly basis of any change in status of a current driver and the status of new drivers.

 Below are the requirements for utilizing the SVS System:

1. Agencies shall maintain copies of the signed driving record release form for each of their authorized drivers.
2. All driver names and license numbers shall be entered into the SVS system by the authorized Agency Contact Person for each agency entitled to free driving records.

Access to driving records for resident drivers will be provided through the SVS System through NIC Arkansas at <http://www.arkansas.gov/svs>.

1. The original notarized Arkansas Driving Record Abstract Agreement and the Agency Contact Person Information must be returned to the Office of Driver Services before a username and password will be issued to the Agency Contact Person allowing access to driving records through the website.

Arkansas Driving Record Abstract Agreement and Agency Contact Information person must re-filed upon any change of Agency Director or Agency Contact Person.

1. Driving records cannot be obtained for non-resident drivers through the Office of Driver Services or the SVS system. Agencies will be required to obtain out of state driving records from the state of record.

**Contact Information**

**Driving Records Questions: Login Information or SVS System Questions:**

Department of Finance and Administration NIC Arkansas (Former INA)

Driving Records Section 425 W. Capitol Ave., Little Rock, AR, 72201

1900 W. 7th St., Little Rock, AR, 72201 Phone: (501) 324-8900

Phone: (501) 683-0984 Fax: (501) 682-2075 svs@ark.org

Driving.records@dfa.arkansas.gov

**ARKANSAS DRIVING RECORD ABSTRACT AGREEMENT**

**WHEREAS,** Arkansas Code Sections §27-50-900 through §27-50-1211, provides that the Office of Driver Services, Revenue Division, Department of Finance and Administration, State of Arkansas, may furnish an abstract of a drivers record as maintained by said office, only to a person who has been authorized in writing by such driver to obtain the driver’s record; and

**WHEREAS,** the undersigned periodically makes numerous requests for abstracts of driver’s records in the course of the undersigned’s business; and

**WHEREAS,** it is extremely expensive and cumbersome for the undersigned to duplicate and file and for the Office of Driver Services to receive and maintain each individual written authorization signed by such drivers in order for the undersigned to obtain an abstract of the driver’s record;

**NOW, THEREFORE, IN CONSIDERATION OF THE FOREGOING, THE UNDERSIGNED DOES HEREBY** **ACKNOWLEDGE AND CERTIFY AS FOLLOWS:**

1. That the undersigned represents and warrants to the Office of Driver Services that every person, on whom a request for an abstract is made by the undersigned, shall have first given his or her consent to the release of such abstract, or
2. That the undersigned represents and warrants to the Office of Driver Services that they are an agency entitled to free driving records under §27-50-909 which includes Courts, Law Enforcement Agencies, Governmental Agencies, and Public Transit Systems which provide regular and continuing general or special transportation to the public and receives federal assistance under 49 U.S.C. §5307 or 49 U.S.C. §5311.
3. That the original written authorization signed by the driver on whom an abstract is requested, or a copy of thereof, shall be furnished by the undersigned to the Office of Driver Services upon request by the Office of Driver Services. This written authorization is to be kept on file with your company for a five-year period.
4. If the undersigned is found to be in violation of the foregoing, the Office of Driver Services may thereafter require the undersigned to provide individual signed releases with each abstract hereafter requested by the undersigned.
5. The undersigned further agrees to indemnify and hold harmless the Office of Driver Services, Revenue Division, Department of Finance and Administration, State of Arkansas, for any liabilities and/or damages caused by virtue of the undersigned’s breach of this agreement or the provision of Arkansas Code Sections 27-50-900 through 27-50-1211 of Arkansas.

|  |  |
| --- | --- |
| **AGENCY NAME**  | **PHONE NUMBER** |
| **ADDRESS** | **CITY** | **STATE** | **ZIP** |
| **AGENCY DIRECTOR NAME (PRINT)** | **DIRECTOR SIGNATURE** |
| **EMAIL ADDRESS** | **DATE** |

**ACKNOWLEDGEMENT**

STATE OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 , who proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me. WITNESS my hand and official seal.

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

Received and filed this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DRIVER SERVICES

#

# **AGENCY CONTACT PERSON INFORMATION**

**Agency Name**

**Agency Address City State Zip code**

**Contact Person Telephone Number**

**Email Address**

In order to access driving records through the SVS System (NIC Arkansas) for the authorized drivers in your agency you **must** return the *original* ***notarized******Agreement*** and the ***Agency Contact Person Information*** to:

Office of Driver Services

Department of Finance and Administration

Ragland Building, Room 1070

1900 W. 7th Street

Little Rock, AR 72201

501- 682-7217

 **Driving.Records@dfa.arkansas.gov**

# **DRIVING RECORD ABSTRACT RELEASE**

**The following must be completed and signed by each employee before adding the driver to the SVS System. Each agency must keep the release on file and the release is valid for five (5) years.**

**Agency Name**

**Last Name First Name Middle Name**

**Date of Birth Driver’s License Number**

|  |  |
| --- | --- |
|  |  |

**Initial Each of The Following:**

\_\_\_\_\_\_ I understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Information Network of Arkansas.

\_\_\_\_\_\_ I understand that the Office of Driver Services will notify my employer each time a new violation is added to my driving record.

\_\_\_\_\_\_ This release shall remain in full force and effect for the next five years unless a formal withdrawal is filed by me.

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 agency named on this form.*

**Driver Signature Date**