



Enrollment Form

State Vehicle Safety is a program of the Department of Finance and Administration and the Arkansas Insurance Department. This program is intended to insure that all state drivers have valid drivers licenses and good driving records. Authorization to use this program must be obtained from DF&A. Each agency will be required to have a confidentiality agreement on file before access will be granted. Please complete this form and the attached agreement and send them to the address below.

Organization Name _____

Primary Contact _____

Phone _____ Fax _____

e-mail address _____

Secondary Contact _____

Phone _____ Fax _____

e-mail address _____

Address _____

City/State/Zip _____

Please send completed forms to:

Department of Finance & Administration
Driving Records, Room 1130
P.O. Box 1272
Little Rock, AR 72203
Phone # 501-682-7207

AGREEMENT

WHEREAS, Arkansas Code Sections 27-50-900 through 27-50-1211 of Arkansas, 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 FOLLOW:

- (1) (A) 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

(B) 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 be insured or an applicant of any insurer licensed to do business in Arkansas, or its agents, employees, or contractors.
- (2) 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.
- (3) 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.
- (4) 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.

Company or Organization

Address

City State Zip

Signature

Title

ACKNOWLEDGEMENT

STATE OF)
) SS.
COUNTY OF)

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public

My Commission Expires: _____

Received and filed this _____ day of _____, 19____.

Driver Services

Revised 08/99