

**UNIVERSITY OF ARKANSAS - FORT SMITH
ARKANSAS STATE VEHICLE SAFETY PROGRAM**

**AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD AND OPERATE
UNIVERSITY VEHICLES AND PRIVATE VEHICLES ON UNIVERSITY BUSINESS**

Agency Code: 0195

Campus: University of Arkansas - Fort Smith

Department: Travel Services

Employee Name: _____

Date of Birth: _____ _____ _____
 mm dd yyyy

Driver's License Number: _____ State: _____

Initial Each of the Following:

_____ I understand that as permitted by Ark. Code Ann. § 27-50-906, 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 web site) via the Information Network of Arkansas.

_____ I understand that because of my driving record, I may not be permitted to drive while on University business.

_____ I will participate in all required defensive driving classes.

_____ I will report all accidents that occur while on University business to my employer:

1. Within 24 hours of the occurrence or by the next working day if the accident occurs in a University vehicle; and
2. Within seven (7) working days if the accident occurs in a private vehicle.

_____ I have read the Driving Safety Tips provided to me by my employer.

_____ I understand that I must maintain liability insurance coverage as required by state law on my personal vehicle(s) that I drive while on University business.

Employee Signature

Date

**PLEASE COMPLETE AND RETURN WITH ORIGINAL SIGNATURE TO:
FINANCE OFFICE – BUSINESS CENTER**