

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

Agency Code: 135

Agency: University of Arkansas, Fayetteville Division: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  mm      dd      yyyy

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Initial Each of the Following:**

\_\_\_\_\_ I understand that as permitted by Arkansas 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 Website) through Information Network of Arkansas.

\_\_\_\_\_ I understand that because of my driving record I may not be permitted to drive on University/state business.

\_\_\_\_\_ I will participate in all required Defensive Driving Classes.

\_\_\_\_\_ I will report all accidents that occur on University/state business to my employer  
1) within 24 hours of the occurrence or by the next working day if the accident occurs in a University/state vehicle and 2) within 7 working days if the accident occurs in a private vehicle.

\_\_\_\_\_ I have read the Driving Safety Tips provided by my employer.

\_\_\_\_\_ I understand that I must maintain liability coverage, as required by state law, on my personal vehicles that I drive on University/state business.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**Please Complete and Return with Original Signature to:  
University of Arkansas, Risk Management Office  
321 Administration Building, Fayetteville, AR 72701**

**VSP-1**