

**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.

\_\_\_\_\_ If driving a van, I have read and will adhere to the University of Arkansas, Fayetteville Van Safety Advisory & Use of 15-Passenger Vans Policy.

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

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

**Please Complete and Return with **Original Signature** to:**

University of Arkansas, Risk Management Office  
206 Uptown West Building, Fayetteville, AR 72701  
or email to  
risk@uark.edu

**VSP-1**