

**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
321 Administration Building, Fayetteville, AR 72701**

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