

ARKANSAS STATE VEHICLE SAFETY PROGRAM

September 2012

VSP-1 AUTHORIZATION TO OPERATE STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS

The following must be completed and signed before authorization to drive on state business is given:

Agency Code/Name: _____

Driver: _____

Date of Birth:	Last Name	First Name	Middle Initial Personnel #:
_____	_____	_____	_____

Drivers License Number: _____

Initial Each of The Following:

___ I understand that as permitted by Arkansas Code Ann. §27-50-906 (6)(A), 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 State business.

___ I will participate in all required Defensive Driving Classes.

___ I will report all accidents that occur on state business to my employer immediately.

___ I have received the *Driving Safety Tips* handout 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 State business.

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by Arkansas Code Ann. §27-50-906 and §27-50-908. This record shall include material normally excluded by Arkansas Code Ann. §27-50-802.

Signature of individuals appearing below shall constitute consent for the release of such records to the State agency named on this form.

Driver Signature: _____

Date: _____

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DRIVING SAFETY TIPS

- ▽ **Observe Speed Limits and Traffic Laws** – Allow sufficient time to reach your destination without violating speed limits or traffic laws.
- ▽ **Seat Belts** – Each driver and front seat passenger in any motor vehicle operated on a street or highway in this state is required by law to wear a properly adjusted and fastened seat belt.
- ▽ **Cellular Phones** – The use of cellular phones by the driver while the vehicle is in motion is strongly discouraged. Even with “hands free” equipment, conversing on the phone takes your attention away from driving, making you less likely to notice hazardous situations.
- ▽ **Backing Crashes** – Most backing accidents are preventable. Whenever possible, park your vehicle where backing is not required. Know what is beside and behind your vehicle before you begin to back. Back slowly and check both sides as well as the rear as you back. Continue to look to the rear until the vehicle has come to a complete stop.
- ▽ **Intersection Crashes** – When approaching and entering intersections, be prepared to avoid crashes that other drivers may cause. Take precautions to allow for the lack of skill or improper driving habits of other drivers. Potentially dangerous acts include speeding, improper turn movements, and failure to yield the right of way.
- ▽ **Weather Related Crashes** – Rain, snow, fog, sleet or icy pavement increase the hazards of driving. Slow down and be especially alert when driving in adverse conditions. Discontinue use of cruise control in wet road conditions.
- ▽ **Passing Crashes** – When you pass another vehicle, look in all directions, check your blind spots, and use your signal. As a general rule, only pass one vehicle at a time.
- ▽ **Front End Crashes** – By maintaining a safe following distance at all times, the driver can prevent front-end collisions in spite of abrupt or unexpected stops of the vehicle ahead. Observe the “four second rule” by following the vehicle ahead at a distance that spans at least four seconds. The following distance should be increased when driving in adverse conditions.
- ▽ **Security** – State vehicles should be locked whenever they are unoccupied.
- ▽ **Engines** – The engine of a State vehicle should always be turned off before the driver exits the vehicle.

UNIVERSITY OF CENTRAL ARKANSAS DRIVER CONTACT INFORMATION

Please note this form must be filled out before a vehicle can be reserved

Driver Name: _____

Position/Job Title: _____

Department Name: _____

Department Phone Numbers: _____

Driver Phone Numbers: Office _____ Cell: _____

Drivers Email Address: _____

Please note this form must be filled out before a vehicle can be reserved