

**FOR NON-RESIDENT DRIVERS ONLY**

***VSP-2 AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD  
FROM DEPARTMENT OF FINANCE AND ADMINISTRATION,  
OFFICE OF DRIVER SERVICES***

**Agency Code/Name:** 0400/Arkansas Agriculture Department – Forestry Commission

**Agency Address:** #1 Natural Resource Drive, Little Rock, AR 72205

**Agency Contact Person:**

**Email Address:**

**Telephone Number:**

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.

\_\_\_\_\_

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

**Employee**  
Last Name First Name Middle Initial

**D.L.N.** \_\_\_\_\_ **State** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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