

**DEPARTMENT OF FINANCE AND ADMINISTRATION**

**Office of Driver Services**

**Address Confidentiality Program (ACP) Affidavit**

Under Ark. Code Ann. § 27-16-811, a licensee who participates in the address confidentiality program shall be issued a driver's license or identification card that discloses a post office box address in lieu of his or her residence address if:

- (1) Presents a valid order of protection issued under the Domestic Abuse Act of 1991, § 9-15-101 et seq.
- (2) Completes this ACP affidavit; and
- (3) Agrees to the terms of participation in the ACP.

**Applicant Information**

LAST NAME	FIRST NAME	MIDDLE NAME
DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER	DATE OF BIRTH	EMAIL ADDRESS (OPTIONAL)

**Address Information**

RESIDENTIAL STREET ADDRESS	APT NUMBER		
CITY	STATE	ZIP CODE	
PO BOX-WILL DISPLAY ON LICENSE	CITY	STATE	ZIP CODE

**Additional Information**

SECRET WORD OR PIN (OPTIONAL)	OFFENDER'S NAME	OFFENDER'S DATE OF BIRTH
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**Certification**

- I am a victim of domestic violence or a dependent of a victim of domestic violence.
- I fear further acts of domestic violence or I reside with the victim of domestic violence and fear further acts of domestic violence against my parent, custodian, or guardian.
- I understand the Office of Driver Services may disclose my residential address after receiving a valid court order and proper identification of the requestor.
- I understand that I will receive written notice if my residential address is disclosed to a third party.
- I understand that I must update my residential address and post office box with the Department if a change occurs.

I solemnly swear or affirm that to the best of my knowledge all of the information contained in this affidavit is true and correct.

**Printed Name**

**Signature**

**Date**