DEPARTMENT OF FINANCE AND ADMINISTRATION

Office of Driver Services

Financial Responsibility Acceptance

Before an Arkansas driver's license can be issued to any applicant under the age of 18, a parent or legal guardian must assume financial responsibility as stated in Arkansas statute §27-16-702.

Applicant's Name							
Driver's License/ID Number				Date of Birth			
Parent or Guardian I	Printed Name		Parent or G	uardian Driver's Lic	ense Numb	er State	
Parent or Guardian	Address		City		State	Zip Code	
ST	OP! YOU MUS	T SIGN THIS FO	ORM IN	FRONT OF A	NOTA	RY.	
VERIFIED CONS	ENT FOR A MIN	OR'S LICENSE					
I, the undersigned,	do hereby consent to	the issuance of an in	struction p	permit/license to			
understand that I m financial responsibil	ay have the permit/l lity to The Office of D	the fact that a license icense cancelled and river Services.	-	•			
Signature of Parent	or Legal Guardian			Date			
NOTE: A clear photoc	opy of the front and ba	ck of the identification	you present	ted to the notary is	<u>required</u> wi	ith this form.	
Subscribed and sw	vorn to before me						
this	_ day of	, 20	_·				
				NOTARY P	UBLIC		
				MY COMIS	SSION EXP	IRES:	
	ed by Parent or Guardi			-Oth or (:f. \			
□Driver's License	□Passport	□ Military ID		□Other (specity)_			