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 Printed Name	Parent or Guardian Driver's License Number			State
Parent or Guardian Address	City	State Zip Code		

STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.

VERIFIED CONSENT FOR A MINOR'S LICENSE

I, the undersigned.	do hereby	consent to the issue	ance of an instru	uction permit/license to
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, whose relationship to me is ______. I understand that I can be held responsible for any liability caused by his/her negligence or willful misconduct in the operation of a motor vehicle. I understand this shall apply regardless of the fact that a license may or may not have been issued to the minor. I understand that I may have the permit/license cancelled and be released from liability by submitting a release of financial responsibility to The Office of Driver Services.

Signature of Parent or Legal Guardian

NOTE: A clear photocopy of the front and back of the identification you presented to the notary is **required** with this form.

Subscribed and sworn to before me

this ______ day of ______, 20_____.

NOTARY PUBLIC

MY COMISSION EXPIRES:

Identification Presented by Parent or Guardian:

□ Military ID

□Other (specify)

Date