

Motor Vehicle Record

I hereby request and authorize the Arkansas Motor Vehicle Traffic Violation Department to furnish Big Brothers Big Sisters of North Central Arkansas with my motor vehicle record.

I voluntarily waive all rights and recourse and release you from liability for compliance with this authorization.

Signature of Applicant

Date

Full Name (Please Print)

Last

First

Middle

Address:

Maiden Name and/or other names known by:

Date of Birth_____

Driver's License Number_____

Vehicle License Number_____

Social Security Number_____

Big Brother Big Sister
Of North Central Arkansas
P.O. Box 153 – Conway, AR 72033
(501) 336-9505