

DRIVER SERVICES Driving Records

Ragland Building, Room 1070 Post Office Box 1272 Little Rock, Arkansas 72203 Phone: (501) 683-0984 Fax: (501) 682-2075 www.dfa.arkansas.gov

ARKANSAS DRIVING RECORDS REQUEST FORM

I,			do hereby request a copy			
of my:						
	Insurance Record - \$8.50					
	Commercial (Employment) Record - \$10.00					
	History Record- \$8.50 *					
Begi	nning October	1, 2019 Insura	nce and Hisory	y Records w	ill increase to \$8.50.	
PLEASE:	□ MAIL	□ EMAIL	□ FAX	Κ		
TO:						
ADDRESS:						
CITY:			STATE:	ZIPCO	DDE:	
SIGNATURE					DATE	
DATE OF DIDE		TEL EDUOVE VIDA	OEB.	L DDILLED		
DATE OF BIRTH TELEPHONE NUI		TELEPHONE NUMI	BER	DRIVER	DRIVER'S LICENSE NUMBER	
	ords may only be pur to DFA Driving Rec				ks or money orders should be	
In Person: Ragland Building-Room 1070 1900 w. 7 TH Street Little Rock, Arkansas 72201		By Mail:	P.O. Bo	Driving Records Section P.O. Box 1272- Room 1070 Little Rock, Arkansas 72203		