



ARKANSAS STATE POLICE

ASP 33
06/14/2019

Financial Responsibility Acceptance Form

Applicant's Name: _____
Full Legal Name Required (First/Middle/Last Name)

Applicant's Date of Birth _____

Applicant's Driver's License/ID Number _____

Parent or Guardian Address (include city, state, and zip code) of Applicant _____

Financial Responsibility Acceptance:

The above-mentioned applicant applied for an Arkansas driver's license. Before an Arkansas driver's license can be issued to any applicant under the age of 18, signature of a parent or legal guardian assuming financial responsibility must be obtained in accordance with Arkansas statute A.C.A. § 27-16-702.

If you have no objection to the issuance of a driver's license to the above-mentioned applicant and are willing to accept financial responsibility for the issuance of an Arkansas driver's license, please sign the following statement and **have it notarized**:

Before me, the undersigned authority, on this day personally appeared

_____, being by me duly sworn, states on oath that:
(Parent or Legal Guardian **PRINTED** Name)

1. Affiant is an individual of sound mind over the age of 18.
2. Affiant is the parent or legal guardian of the applicant.
3. Affiant accepts financial responsibility for issuance of a driver's license to the applicant.

(Parent or Legal Guardian Signature) _____ Date

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20 _____ .

My Commission Expires: _____ Notary Public

SEAL

Please Note: This form is valid for thirty (30) calendar days from the date of the notary's signature. Failure to present this form to an examiner within the 30-day period will result in the requirement to submit a new form.

For questions contact: driverslicense@asp.arkansas.gov