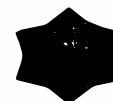




**ARKANSAS STATE POLICE SIGNATURE AFFIDAVIT  
FOR TEST APPLICANTS 18 YEARS OF AGE OR OLDER**



**AS PARENT OR LEGAL GUARDIAN WITH LEGAL CUSTODY OF**

\_\_\_\_\_

**(APPLICANT'S NAME)**

**I DO HEREBY GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO TEST THE ABOVE NAMED PERSON FOR AN ARKANSAS DRIVERS LICENSE. I HAVE LEGAL CUSTODY AND ASSUME ALL FINANCIAL RESPONSIBILITY FOR THE ABOVE NAMED WHILE SAID PERSON IS DRIVING WITH AN ARKANSAS INSTRUCTION PERMIT.**

\_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

**DATE**

**THIS IS TO CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT AND THAT MY DRIVING PRIVILEGE IS NOT SUSPENDED OR REVOKED IN THIS STATE OR ANY OTHER STATE.**

\_\_\_\_\_

**APPLICANTS SIGNATURE**

**DATE**