STATE OF ARKANSAS
OFFICE OF DRIVER SERVICES
TRAFFIC VIOLATION REPORT SECTION
SEVENTH AND WOLFE STREET
P.O. BOX 1272
LITTLE ROCK, ARKANSAS 72203
PHONE: (501) 682-7207
FAX: (501) 682-2075

TRAFFIC VIOLATION SECTION

School District _____

Address _____

City _____

State, Zip Code _____

Please submit name and date of birth of licensee if the driver's license # is missing.

Driver's License #	Name	Date of Birth