



**DEPARTMENT OF FINANCE AND ADMINISTRATION**  
**Office of Driver Services, Driver Control**  
**Age Waiver-Work Verification**

**INSTRUCTIONS:** This form is required if the age waiver applicant is employed. All information must be provided. **Incomplete or inaccurate applications will be denied.** Age waivers will **NOT** be approved for employment that requires delivery services, driving a company vehicle, lawncare services, babysitting or any other employment that requires driving to multiple jobsite locations. Age waivers will **NOT** be approved for out of state travel.

AGE WAIVER APPLICANT NAME		DRIVER'S LICENSE NUMBER	
<b>EMPLOYMENT INFORMATION:</b>			
NAME OF BUSINESS (EMPLOYER)		DATE OF EMPLOYMENT	
EMPLOYMENT ADDRESS	CITY	STATE <b>AR</b>	ZIP CODE
TYPE OF BUSINESS		PHONE NUMBER	

- List the type of work performed by the employee: \_\_\_\_\_  
\_\_\_\_\_
- Is the employee scheduled to work more than 10 hours per week? \_\_\_\_\_
- How many miles from home and/or school to work? \_\_\_\_\_
- Submit the following documents with work verification:
  - Paystub (if available)
  - Work schedule showing days and times scheduled to work

*I certify that all information is true and correct.*

EMPLOYER SIGNATURE	DATE	POSITION
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**Parental Ownership of Business-** to be completed if company is owned by parent of minor

BUSINESS LICENSE NUMBER	
FEDERAL TAX ID	
SALES TAX LICENSE NUMBER	