

## ADSAC COVER FORM 10.07

Please complete this form and return with a copy of your completion certificate.

If you want to be informed that your paperwork was received, send the return letter by certified mail.

It will take approximately three weeks after we receive your forms to process and send a return response. That means about one month from the time you mail it to us and the time the response is returned to you. Thank you.

\* I understand my information will be provided to the Department of Public Safety for the purpose of driver's license reinstatement.

\_\_\_\_\_  
**Signature**

Please (PRINT LEGIBLY) complete the following.

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_


TELEPHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DPS FILE NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER  
OR SOCIAL SECURITY NUMBER \_\_\_\_\_

ARREST DATE \_\_\_\_\_

NOTE:  Must be before July 1, 2003. If not, please do not submit certificate. Take it to an ADSAC assessor.

Please complete and return to:

Department of Mental Health and  
Substance Abuse Services  
ADSAC  
PO Box 53277  
Oklahoma City, OK 73152

(405) 522-4490

FAX 405/522-4470