

ADSAC COVER FORM 10.07

Please complete this form and return **with a copy of your completion certificate and all supporting documents.**

**All requests received by 4pm on Friday will be reviewed the following Tuesday by the ADSAC reviewers.**

If your request is approved, the letter of approval will be mailed to you at the address you provided below. You will need to take that letter to Department of Public Safety (DPS).

If your request is denied, the letter will state the reason for denial and instructions for completing requirements for license reinstatement.

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

\_\_\_\_\_  
**Signature and Date**

**Please (PRINT LEGIBLY) complete the following.**

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

ADDRESS \_\_\_\_\_

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

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

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

DRIVER'S LICENSE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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

Please complete and return to:

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

PH (405) 522-8537

FAX (405) 522-4470