OKLAHOMA
Department of Public Safety

OKLAHOMA
Board of Tests for
Alcohol and Drug Influence

SUBMIT APPLICATION

Application for Ignition Interlock History

SECTION 1. APPLICANT INFORMATION

***NOTICE: Date of latest ignition interlock service must be on or after Program Completion Date. Application requests failing to meet these requirements will not be processed.**

Date of Request / /

Program Completion Date: / /

(Found on the Confirmation of IDAP Enrollment; Issuance of Modification; or the latest Order of Extension)

PARTICIPANT'S NAME (as it appears on license)

Date of Birth / / DL State DL Number

Mailing Address

City State Zip

E-Mail Address

Daytime Phone Number ( ) Alternate Daytime Phone Number ( )

Interlock Device Manufacturer

Date of Latest Interlock Service / / Date of Installation / /

FOR OFFICIAL USE ONLY

SECTION 2. DECLARATION OF IGNITION INTERLOCK HISTORY

☐ The above-named Participant's last verified interlock violation occurred on / / which is days from the release date reflected on the records of the Department of Public Safety.

☐ The above-named Participant has had no verified interlock violations during the program period or modification of revocation.

The Board of Tests for Alcohol and Drug Influence has completed review of the following ignition interlock participant's history. The signature and printed name affirm that the above information is true and accurate.

Signature of BOT Official

Printed Name of BOT Official

Date