



**STATE OF OKLAHOMA  
Department of Public Safety**

**IMPAIRED DRIVER ACCOUNTABILITY PROGRAM  
REQUEST FOR PARTICIPATION**

**INSTRUCTIONS:**

1. Provide the following information related to yourself and your DUI/APC arrest.
2. If available, include a copy of the Officer's Affidavit and Notice of Revocation received from the arresting officer.
3. If requesting participation by mail, allow ten (10) days for processing. If you have not been contacted by the Department, or received further written instructions within ten (10) days, please call the Department at 405-425-2148 to check the status of your request.
4. Submit this written request and other documents to the Department of Public Safety – Legal Division, P.O. Box 11415, Oklahoma City, OK, 73136 or by email to [IDAP@dps.ok.gov](mailto:IDAP@dps.ok.gov).

Full Name

DL No.

State of Issuance

Date of Birth

Date of Arrest

Arresting Agency

Officer's Affidavit/Notice of Revocation Attached?

Yes                  No

Do you have an attorney?

Yes                  No

*If you have an attorney, please provide your attorney's information below. If you do not have an attorney, please provide your contact information.*

**CONTACT INFORMATION**

Mailing Address

City

ST

ZIP

Daytime Telephone Number (                  )

Email address

*By checking this box, you (or your attorney) agree to accept correspondence from [IDAP@dps.ok.gov](mailto:IDAP@dps.ok.gov), the email address used by the Oklahoma Department of Public Safety. Change your email filters to allow emails from this address. This is the only email address the Oklahoma Department of Public Safety will utilize to correspond with you. Any correspondence you receive from the Oklahoma Department of Public Safety (DPS) from this email address will be in regards to the Impaired Driver Accountability Program (IDAP) only. All other correspondence, other than IDAP, will be sent via the U.S. Postal Service.*

1. Were you a Commercial Driver License holder or have a Commercial License Permit at the time of this arrest?                  Yes                  No
2. Were you operating a Commercial Motor Vehicle at the time of this arrest?                  Yes                  No
3. Was alcohol involved in the arrest?                  Yes                  No

*Note: If alcohol was not a factor in this Driving Under the Influence (DUI) arrest, the requestor is not eligible for IDAP.*

I hereby request participation in the Impaired Driver Accountability Program administered by the Department of Public Safety.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature