

ADSAC COVER FORM 10.07

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

All requests received will be processed as quickly as possible. You will be notified by mail, at the address you provide below, of whether your request was approved, denied or requires additional information.

We strongly encourage you to fax all documents and information to **Tammy Anderson at 405-248-9324**.

Due to covid, appointments are not being made at this time. But you are welcome to contact Tammy Anderson with any questions that you may have at (405) 248-9027.

* 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 _____

MAIDEN NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NO. _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ **(IF KNOWN)**

ARREST DATE _____

Please complete and return to Tammy Anderson at FAX (405) 248-9324.

Department of Mental Health and
Substance Abuse Services
ADSAC
2000 N. Classen Blvd. 2-600
Oklahoma City, OK 73106