

ADSAC COVER COMMUNICATION INFORMATION 10.07

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

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

All requests received by 4pm Friday will be reviewed the following Tuesday by the ADSAC Reviewers. You will be notified by mail at the address you provide below; of whether your request was approved, denied, or requires additional information.

* 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 _____

Phone Number:

405-248-9200

Fax Number:

FAX (405) 248-9324