

Board of Tests for Alcohol and Drug Influence

Impaired Driving Accountability Program (IDAP) Participation Request

(YOU MUST INCLUDE THE ORDER OF REVOCATION ISSUED BY SERVICE OKLAHOMA VIA US MAIL w/ THIS REQUEST)

INSTRUCTIONS:

1. Provide the following information related to yourself.
2. If requesting participation by mail, allow ten (10) days for processing. If you have not been contacted by the Board, or received further written instructions within ten (10) days, please call the Board at 405-425-2460 to check the status of your request.
3. Submit this written request and the required order from Service Oklahoma to the Oklahoma Board of Tests for Alcohol and Drug Influence, P.O. Box 36307, Oklahoma City, OK, 73136.

Applicant Information

Arrest Date: _____

Full Name: (as it appears on the driver license) _____
Last First M.I.

Date of Birth: _____ Driver License #: _____ DL State: _____

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

How do you want to receive your enrollment paperwork? EMAIL US MAIL

Attorney Information (if applicable)

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

FOR ADMINISTRATIVE USE ONLY

Date of Receipt: _____ Reviewed by: _____

Approved for Participation(eligible) ☐

Not approved and notified to contact Service Oklahoma for further assistance ☐