

## ADSAC COVER FORM 10.07

Please complete the information below, sign and date, and return **with a copy of your completion certificate and all supporting documents**.

All ADSAC Cover forms and supporting documentation received will be processed within a **3–5 day period**. You will be notified by email, at the email address you provide below, of whether your request was approved, denied, or requires additional information.

We require all documents and information to be faxed to **Tammy Anderson at 405-248-9324**.

In-person appointments are not being made currently. 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 Service Oklahoma for the purpose of driver's license reinstatement.

\_\_\_\_\_  
Signature and Date

Please (PRINT LEGIBLY) complete the following.

FULL NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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.



**OKLAHOMA**  
Mental Health &  
Substance Abuse