



**STATE OF OKLAHOMA  
Department of Public Safety**

**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.

**REQUEST FOR PARTICIPATION in the IMPAIRED DRIVER ACCOUNTABILITY PROGRAM**

1. Full Name:
2. DL No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Date of Arrest: \_\_\_\_\_
5. Arresting Agency: \_\_\_\_\_
6. Officer's Affidavit/Notice of Revocation Attached?      Yes                  No

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed