

**South Carolina Interstate ADSAP Office
Dorchester Alcohol and Drug Commission
500 North Main Street, Suite 4
Summerville, SC 29483
Telephone: (843) 821-5412 #5 ▪ Fax: (843) 821-5415
www.dadc.org**

Dear Interstate ADSAP Applicant:

You must complete the following requirements to be eligible for the Interstate Alcohol and Drug Safety Action Program (IADSAP) for driving under the influence (DUI) offenders and to receive a recommendation from this office that your driving privileges be reinstated:

1. Send **proof of permanent residency of another state** (e.g., copy of a check stub, telephone or electric bill, other official document). South Carolina residents **are not eligible** for IADSAP.
2. Send a **\$100 processing fee** (money order or certified check) to the IADSAP Office. Credit card payments are also accepted by completing the attached credit card payment form or by calling **finance** at 843-871-4790. **Personal checks are not accepted.** Fees will be returned to applicants who are deemed ineligible for IADSAP. Once an applicant is accepted into the program, the fee is non-refundable.
3. Forward a copy of your **10-year South Carolina** driving record to the IADSAP Office. You must request that the SCDMV send *you* a copy of your **driving record and reinstatement requirements** using a Request for Driver Information form (MV-70). (*See enclosure.*)
4. Send a **signed and witnessed** Release of Confidential Information (ROI) form to the IADSAP Office. This form requires two signatures. (*See enclosure.*)

**You may include a program completion letter or certificate if you have completed a program.*

All of the above documentation must be mailed to this office in one envelope. **We will not review your application for acceptance into IADSAP if it does not contain all four items listed above.** Once we receive the complete packet, you will receive a reply from our office notifying you of the status of your paperwork within 10 working days. Applicants accepted into IADSAP will receive instructions, a referral letter and forms to give to the facility providing treatment services. Please refer to the enclosed list of frequently asked questions (FAQs) for information on other aspects of IADSAP.

Please contact the South Carolina Department of Motor Vehicles (DMV) at **(803) 896-5000** to determine other requirements for license clearance or reinstatement. You may also access the DMV at www.scdmvonline.com.

----- (Cut here)

Visa Master Card Discover (Check One)

Client Name: _____

Card number _____

Expiration Date _____ 3 digit Security Code _____ Amount \$ _____ **\$100** (Please write in amount) _____

Numeric Portion of street address: _____ Zip Code: _____

Name of **Cardholder**: _____

Cardholder Signature _____

By signing, I authorize the Dorchester Alcohol and Drug Commission to withdraw the indicated amount from my credit card.