

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

Interstate ADSAP Client Instruction Letter

Dear Interstate ADSAP Applicant:

Welcome to the Interstate Alcohol and Drug Safety Program (IADSAP). Our purpose is to assist you in clearing the hold South Carolina has on your driving record.

You must complete the following requirements to be eligible for IADSAP and to receive a recommendation that your driving privileges are reinstated.

- Submit one proof of permanent residency in another state (copy of check stub, utility bill, or other official document).
- Submit an official ten (10) year South Carolina driving record from the South Carolina Department of Motor Vehicles; see enclosed MV70 form. Driving records past 30 days old will not be accepted.
- Also submit Reinstatement Requirements from the South Carolina Department of Motor Vehicle.
- Return enclosed Release of Confidential Information form signed/witnessed.
- If you have completed a program, please submit completion letter or certificate along with above requirements.
- Submit a \$125.00 processing fee to this agency in the form of money order, certified check, or credit card. Pay by mail – see attached credit card form. Pay by phone - 843-871-4790. **Personal checks are not accepted.** Fee is non-refundable after application is accepted. Fee is returned to individuals ineligible for Interstate ADSAP.

All above requirements must be submitted at the same time to the above address. Case will not be reviewed until all requirements are on file.

Individuals accepted into the IASDAP will receive an Instruction letter and Recommendation for Relicensing Form (R4R) within 10 business days. You must submit the R4R and Instruction letter to the provider conducting your assessment/education and/or treatment services.

Contact the South Carolina Department of Motor Vehicles at (803) 896-5000 or www.scdmvonline.com for additional information regarding license clearance and reinstatement issues.

Visa Master card Discover (check one)

Client Name: _____ Card Number: _____

Expiration Date: _____ 3 digit Security Code: _____ Payment amount \$ _____.

Numeric Portion of street address: _____ Zip Code: _____

Name of card holder: _____ card holder signature: _____

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

**SC Interstate ADSAP Office
Dorchester Alcohol & Drug Commission
500 N. Main Street, Suite 4
Summerville, SC 29483
Telephone: (843)8215412 #5 / fax (843) 821-5415**

Dear Interstate ADSAP Applicant:

You have been accepted into the Interstate Alcohol and Drug Safety Action Program (IADSAP). It is important that you complete the following steps in a timely manner. Failure to complete the Interstate program in a 2 year period will result in ordering a new packet with a new fee and new driving record. The Assessment must be current and must have been done within the past year.

**You may contact the SCDMV at (803) 896-5000
SCDMV
PO Box 1498
Blythewood, SC 29016**