

South Carolina Interstate ADSAP Office  
Dorchester Alcohol and Drug Commission  
320 Midland Parkway Suite C  
Summerville, SC 29485  
(843) 821-5412  
Email: [Interstateadsap@dadc.org](mailto:Interstateadsap@dadc.org)  
Fax: 1-844-965-9336

Welcome to the South Carolina Interstate Alcohol and Drug Safety Action Program (SCIADSAP). As an out-of-state resident, our office will assist and guide you through the clearance process. The South Carolina Department of Motor Vehicles (SCDMV) will be notified of your enrollment and completion once all requirements have been met.

To obtain clearance in the state of South Carolina, please follow this 4-step process. Details and forms are provided in this packet.

Step 1. Request your driving record from the South Carolina Department of Motor Vehicles by using the MV-70 form OR You may request the record online at [www.SCDMVonline.com](http://www.SCDMVonline.com)

Step 2. Call our office to confirm your driving record has been received and you meet the program requirements.

Step 3. Complete the enrollment packet and send it to our office along with the administrative fee.

Step 4. Complete services with a provider convenient to you and submit the required documentation to our office.

If you have any questions, at any point in the process, call or email our office. You can also view a short video at <https://www.youtube.com/watch?v=ppPITgldTsY>

# STEP 1

Complete and mail the SCDMV Form MV-70 with your \$6.00 money order to the South Carolina Department of Motor Vehicles address below:

**Alternative Media  
PO Box 1498  
Blythewood, SC 29016**

**OR**

**If you know your SC driver's license or customer number, you may request this online at:**

**<https://scdmvonline.com/Driver-Services/Drivers-License/Driving-Record>**

South Carolina Interstate ADSAP Office  
Dorchester Alcohol and Drug Commission  
320 Midland Parkway Suite C  
Summerville, SC 29485  
(843) 821-5412  
Email: [Interstateadsap@dadc.org](mailto:Interstateadsap@dadc.org)  
Fax: 1-844-965-9336

### FREQUENTLY ASKED QUESTIONS

- **Can I print and submit my driving record?**

This office can accept official driving records printed on the SCDMV website.

- **What do I do if I have never had a South Carolina driver's license?**

Please contact the South Carolina Department of Motor Vehicles to be assigned a customer number and driving record.

- **What do I do if I have not had a license for 10 years or my DUI was over 10 years ago?**

You must request your 10-year driving record and Reinstatement Requirement document from the SCDMV. Regardless of how long you have been licensed or unlicensed you must request a driving record from the SCDMV. If the DUI charge was received after July 1982, you must complete ADSAP.

The address and telephone number for the South Carolina Department of Motor Vehicles:  
SCDMV  
PO Box 1498  
Blythewood, SC 29016  
(803) 896-5000



# South Carolina Department of Motor Vehicles

## Request for Driver Information

**MV-70**  
(Rev. 06/19)

*South Carolina and federal law dictates that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website [www.scdmvonline.com/Privacy](http://www.scdmvonline.com/Privacy).*

### **PART 1**

This section must be completed before information listed on Parts 2 (single request) or 3 (multiple requests) will be released. Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons submitting this form to obtain someone else's record should read the Federal law before signing. See Part 3 of this form for how to find a copy of the law.

Under Federal Law, driver personal information may be obtained only for certain uses. The following is a short version of permissible uses. Check the box beside the reason that best explains why you are requesting driver information.

- 1. For use by any government agency in carrying out its functions.
- 2. For a business to verify the accuracy of personal information previously provided to the business.
- 3. To use in any court proceeding or investigation in anticipation of litigation.
- 4. For research and statistical purposes so long as the personal information is not published, redisclosed, or used to contact individuals. (Such requests are processed only in Blythewood DMV Headquarters. See special instructions on back of this form.)
- 5. For use by an insurer for claims investigations, rating, and underwriting.
- 6. For use by an employer or its insurer to verify commercial driver license information.
- 7. For any other use by the driver or by written consent of the driver. (See "Consent" in Part 2.)

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

		843-821-5412	844-965-9336
Print Name of Person/Business Requesting Information	Account Number with DMV (If applicable)	Phone Number	Fax Number (If applicable)
320 Midland Parkway, Suite C	Summerville	SC	29485
Address of Person/Business Requesting Information	City	State	Zip Code
Susan Cox		<i>Susan Cox</i>	
Print Name of Person Receiving Information	Date	Signature of Person Receiving Information	

### **~~X~~ PART 2 To be used to obtain information on a single driver.**

Name	SC DL/BP/ID # (if available)	Date of Birth
Information Requested: _____		

### **~~X~~ CONSENT (only complete this section if Box 7 of Part 1 is checked)**

I, \_\_\_\_\_, give consent for the release of my personal information to the person shown above.

Print name of Driver

Signature of Driver	Date
---------------------	------

### **FEES**

Driving records can be purchased in any branch office if you do not want to mail your request to headquarters. All other documents must be purchased through the mail.

#### **REQUIRED FEES FOR EACH SEPARATE DOCUMENT**

- ~~X~~ Copy of Driving Record (MVR) \$ 6.00
- Copy of Ticket/Suspension Notices \$ 6.00
- Other related documents \$ 6.00

If mailing, **do NOT send cash through the mail.** Make check or money order payable to **SCDMV**.

**MAIL TO:** Alternative Media  
PO Box 1498  
Blythewood, SC 29016-0035

### **OFFICE USE ONLY**

Credential Type and Number Presented by Person Receiving Information	Office Code
Printed Name of Employee Processing Request	Signature of Employee Processing Request
	Date

# STEP 2

In 7-10 business days, please contact the South Carolina Interstate ADSAP office by email or phone to confirm that your Driving Record has been received.

***Do not proceed to Step #3 until you confirm your record has been received and verified.***

# STEP 3

## Enrollment Packet

- Please complete this packet and send it by mail, email, or fax to the South Carolina Interstate ADSAP office in Summerville, SC.
- We will inform the SCDMV that you are enrolled once we have received the packet.

South Carolina Interstate ADSAP Office  
Dorchester Alcohol and Drug Commission  
320 Midland Parkway Suite C  
Summerville, SC 29485  
(843) 821-5412  
Email: [Interstateadsap@dadc.org](mailto:Interstateadsap@dadc.org)  
Fax: 1-844-965-9336

## Enrollment Packet

Please submit the following information to the South Carolina Interstate ADSAP office.

- **Administrative Fee**- This is the administrative fee to process your paperwork and release your information to the state office to clear your license in the state of South Carolina. Submit a \$150.00 fee by money order or certified check. **Money orders or certified check** should be made out to SCIADSAP. The processing fee is **valid for 12 months only**. Please mail payment to the address above. Once the office initiates enrollment, **services must** be completed within 12 months.
- **Proof of Permanent Residency** - This can be in the form of a utility bill, pay stub, or other official mail or identification that shows your residency in another state. If you are a South Carolina resident working in another state, you must submit a letter on your employer's letterhead stating your full-time employment location. If you are a South Carolina resident enrolled in an out-of-state college or university, you must provide proof of enrollment from your registrar.
- **Release of Information for the SC Department of Motor Vehicles**- This form gives our program permission to release your completion information to the SCDMV. Please sign and date the form and have a friend or family member witness the form.
- **Release of Information (optional)** - This gives the SCIADSAP office permission to discuss your case with an individual who would be contacting this office on your behalf.

Upon receiving the above-listed items, the enrollment will be sent to the SCDMV.

Dorchester Alcohol and Drug Commission, which houses the IADSAP office, processes all required paperwork, legal forms, and correspondence with the South Carolina Department of Motor Vehicles.

South Carolina Interstate ADSAP Office  
Dorchester Alcohol and Drug Commission  
320 Midland Parkway, Suite C  
Summerville, SC 29485  
Email: [interstateadsap@dadc.org](mailto:interstateadsap@dadc.org)  
Fax: 1-844-965-9336

**Consent for the Release of Confidential Information**

Client Name (Last, First, MI)	Date of Birth
-------------------------------	---------------

I authorize the SC INTERSTATE ADSAP OFFICE to disclose to the South Carolina Department of Alcohol and Other Drug Abuse services. The SCDMV will receive the following information: name, driver record information, date of enrollment/termination and completion status.

The purpose of the disclosure is to assist in receiving your driver's license.

Authorized information to be released in the following form:     written     verbal

Electronic (including fax)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this consent expires automatically as follows: ***One year post signature.***

Client Signature	Date
Witness / Staff Signature	Date



**Optional Release.** If you want the South Carolina Interstate ADSAP office to communicate with a friend or family member on your behalf, sign, date and return this form to:

South Carolina Interstate ADSAP Office  
Dorchester Alcohol and Drug Commission  
320 Midland Parkway Suite C  
Summerville, SC 29485  
(843) 821-5412  
Email: [Interstateadsap@dadc.org](mailto:Interstateadsap@dadc.org)  
Fax: 1-844-965-9336

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

Client Name (Last, First, MI)	Date of Birth
-------------------------------	---------------

I authorize the SC INTERSTATE ADSAP OFFICE to disclose to \_\_\_\_\_  
**(FAMILY OR FRIEND'S NAME HERE)**

Information pertaining to clearing my license in South Carolina.

Family or Friend's phone number: \_\_\_\_\_

The purpose of the disclosure is to assist in reinstating my driver's license.

Authorized information to be released in the following form:  written  verbal  
 electronic (including fax)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R., Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows: **One Year Post Signature.**

Client Signature <b>X</b>	Date <b>X</b>
Witness Signature <b>X</b>	Date <b>X</b>

\* **Witness can be friend, co-worker or family member**

# STEP 4

- Locate a provider
- Complete services
- Ensure your Recommendation for Relicensing form is submitted.

South Carolina Interstate ADSAP Office  
Dorchester Alcohol and Drug Commission  
320 Midland Parkway Suite C  
Summerville, SC 29485  
(843) 821-5412  
Email: [Interstateadsap@dadc.org](mailto:Interstateadsap@dadc.org)  
Fax: 1-844-965-9336

- **Recommendation for Relicensing-** This form will be completed by a Certified and/or Licensed Drug and Alcohol Counselor of your choice. Once you complete your assessment & attend the minimum 16-hour program, the counselor will complete the form and send it back to the SCIADSAP either by fax, email, or mail.
- **Once this office has the completed Recommendation for Relicensing form, we will send a completion to the SCDMV for processing.** It will take 7 to 10 business days to process and the hold to be removed from your SC license.

### **Commonly asked questions**

- **Where can I locate a Certified Addictions Counselor?**  
Google “certified or licensed drug and alcohol counselor” in your area; you can also go to [Psychologytoday.com](http://Psychologytoday.com) or [findtreatment.gov](http://findtreatment.gov).
- **What if I have already completed a program?**  
If the program was completed over 12 months ago, you will need to meet with a counselor and have a new assessment. It is up to them whether they accept the previous services completed. The state of South Carolina state ADSAP standards require that your assessment CANNOT be over 12 months old.
- **Will an addiction program while in prison be accepted?**  
Courses while incarcerated do not count towards completion of the program. South Carolina requires that you have an assessment with a licensed counselor who is not in the prison system. The counselor will recommend a class or program for you to attend.
- **Are driving improvement school programs accepted?**  
No. South Carolina requires you to have an assessment with a licensed counselor. The counselor will recommend a class or program for you to attend.
- **Are AA meetings accepted?**  
No.
- **Is it necessary to have the Recommendation for Relicensing form notarized?**  
No. Your licensed counselor is required to complete the paperwork.
- **Can I use my inpatient treatment as my 16 hours?**  
No. If you go into residential treatment, you will be required to have aftercare and complete it successfully.

Please submit the required information to the South Carolina Interstate ADSAP office. You can mail, fax or email it to the address above.

South Carolina Interstate ADSAP Office  
Dorchester Alcohol and Drug Commission  
320 Midland Parkway, Suite C  
Summerville, SC 29485  
(843) 821-5412  
Fax: 1-844-965-9336  
Email: [Interstateadsap@dadc.org](mailto:Interstateadsap@dadc.org)

**Please give this page to your chosen provider**

South Carolina is an assessment-based state for alcohol-related offenses. Per South Carolina Driving Under the Influence (DUI) laws, the offender must complete an assessment plus a minimum of 16 hours of education or treatment. The client must be seen by a certified/licensed addictions counselor at a certified alcohol and drug agency. South Carolina Interstate Alcohol and Drug Safety Action Program (SCIADSAP) will support a recommendation for additional treatment if required.

If the client has provided you with previous education/treatment, they are not required to have further services if your assessment does not find it necessary.

Driving improvement school, online classes, prison education/treatment courses, AA/NA meetings, residential inpatient or detox without follow-up care do not meet South Carolina standards.

**The provider must fill out the entire Recommendation for Relicensing form (R4R)** and mail, email, or fax it to the above address. The form must be legible. Forms that are incomplete, have changes or white-out, or submitted by the client are not acceptable and will be returned.

**South Carolina Interstate ADSAP Office  
 Dorchester Alcohol and Drug Commission  
 320 Midland Parkway, Suite C  
 Summerville, South Carolina 29485  
 (843)821-5412 FAX: 1-844-965-9336  
 Email: [interstateadsap@dadc.org](mailto:interstateadsap@dadc.org)**

**RECOMMENDATION FOR RELICENSING FORM**

The original Recommendation for Relicensing form must be completed entirely after all education and treatment requirements have been met by a Certified Addictions Counselor, Licensed Professional or State-Approved DUI/DWI Evaluator and mailed back to the above address.

Individuals trained as DUI/DWI Instructors or other office personnel are not authorized to complete this form.

South Carolina Department of Motor Vehicles requires that an assessment must have occurred within 12 months of the date of this recommendation. A new assessment must be completed for services provided over 12 months prior to completing this form. A screening such as a MAST, DAST or a SASSI does not qualify as an assessment.

**No online classes accepted unless via Zoom or Telehealth.**

Last Name	First Name	MI	Date of Birth (      )
Last 4 numbers of Social Security	Drivers License Number	State Issued	Phone number
Client's current street address	City	State	Zip
*Hrs. of Assessment	Date of Assessment to	Signature of Certified/Licensed Counselor	
*Hrs. of DUI Education/Instruction	Dates of Service to	Signature of Counselor or Instructor	
Hrs. of Individual Counseling	Dates of Service to	Signature of Counselor	
Hrs. of Outpatient Group Counseling	Dates of Service	Signature of Counselor	
Drug Screen	Date	Signature of Counselor	

This is to certify that the above individual has completed services as outlined above in accordance with the requirements for successful completion of the South Carolina IADSAP, during which time an acceptable DUI risk profile was demonstrated. Every reasonable effort has been made to ensure that the public's safety and the welfare of the individual will not be appreciably endangered by the reinstatement of driving privileges.

Printed Name of Individual Completing Form	Signature	Date
--	-----------	------

I further certify that I possess state and/or national certification, licensure and/or other state credentials to provide assessments, diagnoses and referral services.

Licensure/Certification (Please identify in full [e.g, National Addictions Counselor])	Personal Certificate # (not program or agency #)	Expiration Date
Agency Name and Street Address (      )	City	Zip Code
Agency Phone Number	Page 13	