

South Carolina Interstate ADSAP Office
Dorchester Alcohol and Drug Commission
320 Midland Parkway
Summerville, SC 29485
(843) 821-5412
Email: 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 completion once all requirements have been met.

Listed are the required documentation to obtain clearance in the state of South Carolina.

To watch a short, online video with step-by-step instructions for completing this packet, please visit:

<https://youtu.be/2f69A4qmm7U>

- ***MV-70 form*** - Please complete this form and *mail it to the address located on the lower right corner of the form*, along with \$6.00. Alternative Media will mail us a copy of your SC driving record. (Even if you have not had a SC license, if you were charged in SC, the Department of Motor Vehicles has created a record for you.)
- ***Proof of Permanent Residency*** - This can be in the form of a utility bill, check stub, or other official mail or identification that shows your residency in another state.
- ***Release of Information for the SC Department of Motor Vehicles***- This form gives our program permission to release your completion information to the SC DMV. Please sign and date it, and have a friend or family member witness it.
- ***Release of Information (optional)*** - This gives the SCIADSAP office permission to discuss your case with an individual that would be contacting this office on your behalf.
- ***Administrative Fee***- This is the fee to process your paperwork and release your information to the state office to clear your license in the state of S.C. Submit a \$150.00 fee by money order, certified check, or credit card. Money orders/certified check should be made out to SCIADSAP.
- ***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 miming of a 16 hour program, the counselor will complete the form and send it back to the SCIADSAP either by fax, e mail or mail.
- Please submit the above information to SCIADSAP office at the above address. You can mail it, fax it or e mail it to this office.

To locate a drug and alcohol facility Google “certified or licensed drug and alcohol counselor in your area”

Please be sure to watch a short, online video with step-by-step instructions for completing this packet at:

<https://youtu.be/2f69A4qmm7U>

OPTIONAL: Use this form if you wish to order your own driving record directly from SCDMV



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

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.

SC Interstate ADSAP		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	

PART 2 To be used to obtain information on a single driver.

Name	SC DL/BP/ID # (if available)	Date of Birth
Information Requested: <u>10 Year Driving Record and Reinstatement Requirements</u>		

CONSENT (only complete this section if Box 7 of Part 1 is checked)

I, _____, give consent for the release of my personal information to
Print name of Driver
the person shown above.

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

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

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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I _____, authorize 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 termination and completion status.

The purpose of the disclosure is to assist in restoring your current 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:

1 year from signature

(Specification of the date, even or condition upon which this consent expires)

Client Signature <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>
Parent or Guardian Signature	Date
Witness Signature <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>

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

Optional Release. If you want us to be able to communicate with friends, or family, sign and return this form to:

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Email: Interstateadsap@dadc.org
Fax: 1-844-965-9336

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I _____, authorize INTERSTATE ADSAP OFFICE to disclose to
 _____ information pertaining to clearing your license in SC
(family or friends name here)

The purpose of the disclosure is to assist in restoring your current 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:

_____ 1 year from signature _____
(Specification of the date, even or condition upon which this consent expires)

Client Signature <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>
Parent or Guardian Signature	Date
Witness Signature <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>

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

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There is a \$150.00 fee to process your clearance. This fee can be paid in the form of a money order, certified check or credit card. PERSONAL CHECKS ARE NOT ACCEPTED.

To make a credit card payment by phone please call: 843-821-5412

To make a credit card payment by mail, complete the form below and return with your packet.

Visa Master card Discover (check one)

Client Name: _____ Card Number: _____

Expiration Date: _____ 3 digit Security Code: _____ Payment amount (\$150.00) _____

Numeric Portion of street address: _____ Zip Code: _____

Name of card holder: _____

Client's Phone Number: _____

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

Card holder signature: _____

The processing fee is non-refundable after the application is accepted.

The processing fee will be refunded to individuals who do not have a current alcohol related charge showing on their SC Driving Record.

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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 16 hours of education or treatment. This is the minimum requirement. 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.

DUI driving improvement school, on-line 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 to the above address. The form must be legible, forms that are incomplete, have changes, white-out or submitted by the client are not accepted and will be returned.

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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. No Online Classes Accepted.

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
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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	Witness in office	Date

SC Interstate Alcohol and Drug Safety Action Program (SCIADSAP)
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Frequently asked questions

1. What is ADSAP?

The Alcohol and Drug Safety Program (ADSAP) is not a class or a DUI school. ADSAP is a comprehensive program that requires each participant to be clinically assessed for risk factors related to driving under the influence and other problems associated with alcohol and other drug abuse. Based on the clinical assessment, an individual may be required to complete education and/or treatment services. ADSAP is responsible for notifying the South Carolina Department of Motor Vehicles of all successful and unsuccessful completions of service.

2. Where can I locate a Certified Addictions Counselor?

Google "certified or licensed drug and alcohol counselor in your area"

3. What if I completed a program over 12 months ago?

South Carolina state ADSAP standards requires that your assessment CANNOT be over 12 months old.

4. Will an Addictions 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.

5. Are DUI 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.

6. Are AA programs accepted?

No

7. I live in South Carolina and completed a program in another state, am I eligible to complete through the Interstate Alcohol and Drug Safety Action Program?

No; residents of South Carolina are not eligible for the IADSAP. Contact your local alcohol and drug abuse agency in your county for enrollment information.

8. My DUI was over ten (10) years ago. Do I have to complete ADSAP?

Yes; DUI charges received after July 1982 must complete ADSAP

9. Why do I have to pay a \$150.00 processing fee?

This is an administrative fee. The Dorchester Alcohol and Drug Commission, which houses the IADSAP office processes your paperwork. Processing consist of paperwork, legal forms, and, correspondence with South Carolina Department of Motor Vehicles. The processing fee is good for a two year period only. No personal checks accepted.

10. Is it necessary to have the Recommendation for Relicensing form notarized?

No. Your Licensed Counselor is required to complete the paperwork.

11. How do I obtain an official copy of my ten (10) year driving record?

Complete the enclosed MV70 Request Form and mail it along with \$6.00 to the South Carolina Department of Motor Vehicles at the address below. Your record will arrive within two (2) weeks.

Can I print and submit my driving record?

No, we must receive an office copy from the SCDMV; personal copies from the internet or other sources are not accepted.

12. 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.

13. What do I do if I have not had a license for ten (10) years?

You must request your 10 year driving record and Reinstatement Requirements document from the SCDMV regardless of the number of months/years you have been licensed or unlicensed.

HELPFUL INFORMATION

The telephone number for the South Carolina Department of Motor Vehicles is:
(803) 896-5000

The address for the South Carolina Department of Motor Vehicles is:
SCDMV
PO Box 1498
Blythewood, SC 29016