

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
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 2-step process.

Details and forms are provided in this packet.

Part 1: Enrollment:

- Request your 10-year 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
- Call our office to confirm your driving record has been received and you meet the program requirements.
- Complete the enrollment packet and send it to our office along with the administrative fee.

Part 2: Completion of Services:

- Complete services with a provider convenient to you.
- Submit the required documentation to our office.

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 our frequently asked questions and watch a short video at <https://www.youtube.com/watch?v=Eg3Od4cq7TM>

How to obtain your Driving record

Complete and mail the SCDMV Form MV-70 with your \$10.00 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 Department of Motor Vehicles

Request for Driver Information

MV-70
(Rev. 07/2025)

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 Office		843-871-4790	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		Susan Cox	
Print Name of Person Receiving Information	Date	Signature of Person Receiving Information	

Digitally signed by Susan Cox
Date: 2025.07.01 07:33:35 -04'00'

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

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

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
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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)	\$ 10.00
Copy of Ticket/Suspension Notices	\$ 10.00
Other related documents	\$ 10.00

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
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Printed Name of Employee Processing Request	Signature of Employee Processing Request	Date
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Enrollment Packet

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.

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 \$175.00 fee by money order or certified check.
Money order or certified check should be **made out to SCIADSAP**. Please **mail payment** to the address above.
The processing fee is **valid for 12 months only**. 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 and date the form the same day.

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

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Consent for the Release of Confidential Information

Client Name (Last, First, MI)	Date of Birth
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I authorize the SC INTERSTATE ADSAP OFFICE to disclose to the SC Department of Behavioral Health and Developmental Disabilities office of Substance Use Services (OSUS). OSUS will provide the SCDMV with 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	Date

Completion of Services

Locate a Provider

- **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](https://www.psychologytoday.com) or [findtreatment.gov](https://www.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**.
- **Can I use my inpatient treatment for my 16-hours?**
No. If you go into residential treatment, you will be required to have aftercare and complete it successfully.

Complete Services

- **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 SCIADSAP either by fax, email, or mail.

No Online Classes are accepted unless via Telehealth or Zoom.

- Once this office has received 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.

Ensure your Recommendation for Relicensing form is submitted and received.

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**Please give this page and the Recommendation for Relicensing form to
your chosen provider.**

South Carolina is an **assessment-based** state for alcohol/drug related offenses. **Per South Carolina Driving Under the Influence (DUI) laws, the offender must complete an assessment plus a minimum of 16-hours of DUI 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 schools, online classes, prison education/treatment courses, AA/NA meetings, residential inpatient treatment 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, are not acceptable 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 returned to the above address.

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. *Screenings such as a MAST, DAST or a SASSI do 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	Driver's License Number	State Issued	Phone number
_____	_____	_____	_____
Client's current street address	City	State	Zip
_____	_____	_____	_____
*Hrs. of Assessment	Date of Assessment	Signature of Certified/Licensed Counselor	
_____	_____ to _____	_____	
*Hrs. of DUI Education/Instruction	Dates of Service	Signature of Counselor or DUI Instructor	
_____	_____ to _____	_____	
Hrs. of Individual Counseling	Dates of Service	Signature of Counselor	
_____	_____ to _____	_____	
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	Personal Certificate #	Expiration Date
_____	_____	_____

(Please identify in full [e.g, National Addictions Counselor](not program or agency #)

Agency Name and Street Address	City	Zip Code
(____) _____	_____	_____
Agency Phone Number	_____	

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:

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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Client Name (Last, First, MI)	Date of Birth
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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 ☒	Date ☒
Witness Signature ☒	Date ☒

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