

WV DUI Safety & Treatment Program

Treatment Center/Provider: _____

Licensee's Information

Driver's License #: _____ Social Security #: _____ - _____ - _____

Name: _____ DOB: _____
LAST FIRST M.I. MM/DD/YYYY

Address: _____
CITY STATE ZIP CODE

Is the Licensee a participant in the WV Alcohol Test and Lock Program? YES NO

Arrest Details

State of Arrest: _____ Date of Arrest: _____ Time of Arrest: _____ AM/PM

BAC at Arrest: _____

Course Information (For Facilitator to Complete)

Enrollment Date: _____ Start Date: _____ Payment Amount: _____

Completion Date: _____ Evaluation Received? YES NO