Oklahoma Board of Tests for Alcohol and Drug Influence
Application for Impaired Driving Investigator

(Please fill out as complete as possible.)

Last Name: _____ First Name: _____ Middle Initial: _____

Agency: _____

Agency Address: _____

Agency City: _____ Agency Zip Code: _____ Phone #: _____

Intoxilyzer Access Card #: _____ Email Address: _____

D.R.E. #: _____ CLEET # _____

Date of most current DWI Detection and
Standardized Field Sobriety Testing (SFST) Class or Refresher: _____

Name of Supervisor: _____

Check the box this application applies to:

☐ Impaired Driving Investigator 1

☐ Impaired Driving Investigator 2

☐ Impaired Driving Investigator 3 Date of Dubowski/Essary Course: _____

☐ Impaired Driving Investigator 4

Case numbers: 1._____ 2. _____ 3. _____ 4._____ 5. _____

Court of Record: 1. _____2._____ 3. _____ 4. _____ 5. _____

Please include a copy of your CLEET Transcript. Mark the courses you want approved Include a list of case numbers and Courts of Record for the DUI and DUI/D arrests with all applications. The Application may be mailed to :

Oklahoma Board of Tests for Alcohol and Drug Influence
3600 N. Martin Luther King Avenue
P.O. Box 36307
Oklahoma City, Oklahoma 73136-2307
You may scan all documents and email them as PDF files to: BOT@dps.state.ok.us
Or, you may fax the documents to fax number 405-425-2490