



**STATE OF OKLAHOMA  
BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE**

Dr. Kenneth E. Blick, Ph.D.  
Chairman

Post Office Box 36307  
Oklahoma City, Oklahoma 73136-2307  
Phone: (405) 425-2460 Fax: (405) 425-2490  
www.ok.gov/bot

Joshua Smith  
Interim Director

**REQUEST FOR RECIPROCITY**

Please complete all requested information below. Any missing information may delay the reciprocity process or result in denial. "Reciprocity" means the process by which the Board may defer to a foreign state's device standards and specifications when an interlock participant is required to meet an interlock requirement for more than one state simultaneously. In accordance with Oklahoma Administrative Code Title 40 Chapter 50-1-12, titled Reciprocity; Reciprocity may be granted by the Board in its sole discretion when consistent with applicable statutes and regulations and beneficial to the public safety and welfare. Reciprocity must be requested in writing by the person affected or their attorney on a form provided by the Board. Requests for reciprocity shall be granted or denied by the Board in writing.

**Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**DL State:** \_\_\_\_\_ **DL Number:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Program Length in Oklahoma:** \_\_\_\_\_

**Program Length in ( \_\_\_\_\_ ): \_\_\_\_\_**  
Other State

**Ignition Interlock Information**

**Manufacturer:** \_\_\_\_\_ **Device Model:** \_\_\_\_\_

**Date of Installation:** \_\_\_\_\_

\* The device installed must be an Oklahoma approved ignition interlock device. A list of approved devices can be located on the Board of Tests website at <https://www.ok.gov/bot/>.

\* At the conclusion of the interlock requirement of the foreign jurisdiction (not Oklahoma) if there is time remaining on the applicant's Oklahoma interlock requirement, the applicant must convert to an Oklahoma configuration profile by completing the Foreign Installation process with the Board of Tests for Alcohol and Drug Influence.

\_\_\_\_\_  
**Interlock Participant Signature**

Return completed original to:

**Board of Tests for Alcohol and Drug Influence  
Attn: IID Division  
P.O. Box 36307  
Oklahoma City, OK 73136-2307**

**For Office Use Only**

Installation confirmed with Manufacturer Representative by: \_\_\_\_\_

**Approved**     **Denied**     Submitted to DPS Driver Compliance (Date): \_\_\_\_\_