

### Out-of-State DUII Treatment Completion Certificate (DTCC) Request

For assistance completing this form, please contact the DUII Information Specialist at (503) 945-5964.

#### Client information

Name:	Date of birth:
Oregon Driver's License Number/ Identification Number/ Customer Number:	
Mailing address:	City, State ZIP:
Phone number:	Email address:
DUII arrest date:	DUII conviction date:
Court convicted in:	

#### Proof of out-of-state residency – Attach a copy of **one** of the following:

- State-issued ID from a state other than Oregon
- Military ID
- Mortgage statement, rental/lease agreement in the individual's name
- Utility bill in the individual's name
- Homeowner's or renter's insurance policy in the individual's name
- Proof of enrollment in TANF, SNAP, Medicaid, or Unemployment Insurance program in a state other than Oregon

#### Out-of-state DUII program information:

Date DUII program started:	Date DUII program completed:
Name of program:	
Mailing address:	City, State ZIP:
Phone number:	Email address:

#### Proof of screening, referral and DUII program completion – Attach a copy of **all** of the following:

- ADSS Screening and Referral
- Proof of DUII program completion
- Signed Release of Information to ADSS
- Signed Release of Information to DUII Program
- Signed Release of Information to DMV

#### Signature

By signing below, I attest that the information provided in this form is true and accurate.

Signature	Date
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