



# ALCOHOL CONVICTIONS CERTIFICATION FORM

LEAVE BLANK. FOR OSBI USE ONLY.

SDA APPLICANT NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**The above listed applicant has applied for a handgun license through the Oklahoma State Bureau of Investigation. A background investigation has revealed a possible preclusion under the following section of the Oklahoma Self-Defense Act:**

§1290.11 (A) (7) precludes eligibility for a handgun license in the event that an individual has "Two or more misdemeanor convictions relating to intoxication or driving under the influence of an intoxicating substance or alcohol. The preclusive period shall be three (3) years from the date of the completion of the last sentence **or shall require a certified statement from a licensed physician stating that the person is not in need of substance abuse treatment.**"

Please have the treating physician certify one of the statements below and return the signed, notarized original with the application or mail to:

OSBI SDA LICENSING UNIT  
6600 NORTH HARVEY PLACE  
OKLAHOMA CITY, OK 73116

Should you have any questions, please contact the Self-Defense Act Licensing Unit at (405) 879-2690.

I certify that the individual listed above is not in need of substance abuse treatment.

I am unable to certify that the individual listed above is not in need of substance abuse treatment.

Physician Name (Please Print)

Physician Signature

Medical License #

Physician Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Notary Public

*Form must be signed by a licensed physician and notarized.*