



STATE OF RHODE ISLAND

**DIVISION OF MOTOR VEHICLES
OPERATOR CONTROL OFFICE**

600 New London Avenue
Cranston, RI 02920-3024

Phone: 401-462-0800 Fax: 401-462-0829

www.dmv.ri.gov

ALCOHOL SUPPORT DOCUMENTATION FORM
(PLEASE PRINT INFORMATION)

In accordance with the stipulations assigned to you by the Medical Advisory Board, as a condition of the reinstatement of your driving privilege, please complete the following form. Please note that documentation other than this form will not be accepted.

NAME	MEETING LOCATION	DATE	FACILITATOR
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I, the undersigned, declare under penalty of perjury, that all statements made on this document are true and complete to the best of my knowledge and belief.

SIGNATURE

Please mail-in or drop-off to:
OPERATOR CONTROL
Attn: Medical Advisory Board
600 New London Avenue
Cranston, RI 02920-3024