SUBSTANCE ABUSE TREATMENT 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:

> Title 21 O.S. § 1290.11 (A) (5) precludes eligibility for a handgun license in the event that an individual has had inpatient treatment for substance abuse. The preclusive period shall be three (3) years from the last date of treatment **or upon presentation of a certified statement from a licensed physician stating that the person has been free from substance use for twelve (12) months or more preceding the filing of an application for a handgun license.**

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 has been free from substance use for twelve (12) months or more.

☐ I am unable to certify that the individual listed above has been free from substance use for twelve (12) months or more.

_____ _____ _____
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.