

Please complete and return to:  
RAASAP

# Application for Services at Rappahannock Area ASAP

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Why are you applying for services with this agency? (Example: court referred you, DMV referred you, another state's agency is requiring your attendance, etc.) \_\_\_\_\_

**Please list all Virginia Driving Under the Influence Charges:**

Offense 1: Court \_\_\_\_\_ Conviction Date: \_\_\_\_\_ Offense Date: \_\_\_\_\_  
Offense 2: Court \_\_\_\_\_ Conviction Date: \_\_\_\_\_ Offense Date: \_\_\_\_\_  
Offense 3: Court \_\_\_\_\_ Conviction Date: \_\_\_\_\_ Offense Date: \_\_\_\_\_

**Please list any out of state offenses:**

Offense 1: Court \_\_\_\_\_ Conviction Date: \_\_\_\_\_ Offense Date: \_\_\_\_\_  
Offense 2: Court \_\_\_\_\_ Conviction Date: \_\_\_\_\_ Offense Date: \_\_\_\_\_  
Offense 3: Court \_\_\_\_\_ Conviction Date: \_\_\_\_\_ Offense Date: \_\_\_\_\_

For which offense(s), do you wish to participate in our program? \_\_\_\_\_

Did you have a Virginia license at the time of the conviction? \_\_\_\_\_

Did you complete education and/or counseling in another state for this same DUI? \_\_\_\_\_

Do you have any pending charges, DUI or otherwise? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you received services from this agency in the past? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Are you currently receiving services from this ASAP or another agency? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you owe any fees to any Virginia Alcohol Safety Action Program (VASAP)? \_\_\_\_\_

Comments: \_\_\_\_\_

**This application must be submitted with a compliance summary from the Virginia Department of Motor Vehicles. After your application has been received and reviewed, you will then be advised of the required fees. All fees paid to Rappahannock Area ASAP are non-refundable. Should you be unclear as to the requirements of DMV or other agency, it is solely your responsibility to seek legal advice from an attorney, or clarity from the referring agency, prior to enrollment. Rappahannock Area ASAP is only responsible for providing the service for which you apply.**

I certify I have answered the questions to the best of my ability and seek enrollment into the Rappahannock Area ASAP.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date