

STATE OF HAWAII
DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
KAKUHIHEWA BUILDING
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707
PH: (808) 692-7506
FAX: (808) 692-7521

In reply, please refer to:
File: DOH/ADAD

CSAC APPLICATION FOR DIVISION OF DRIVERS EDUCATION /INDEPENDENT
ASSESSOR

NAME/TITLE: _____

CSAC License number and expiration date: _____

General Excise Tax Number (GE): _____

General Liability Insurance (GL): _____

Business Address: _____

Business Phone Number (number to be given to clients): _____

Other phone contact number (for Driver Education): _____

Email: _____ Fax: _____

Provided my email/fax to client (if yes specify email/fax): _____

Main Office Location:

Other Location(s):

Are you available at night or weekends? Yes _____ No _____ Upon request/availability _____



Hours of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Primary Language: _____

Other languages (what format): _____

Are you familiar with ADAD's Web Infrastructure? Yes _____ No _____

Services Offered (assessment, Alcohol and Drug Education classes, etc):

Assessment Fee: _____ Form of payment accepted: _____

If treatment is offered (e.g. counseling sessions), is medical insurance accepted? If so, what kinds?

Any additional information you would like to provide about your business:

Please note: The process may take up to 4-6 weeks. Upon approval, you would need to:

1. Submit a list of assessment tool(s)
2. A copy of your current: CSAC certificate, GE license and GL
3. Attend an orientation process with ADAD and Drivers Education
4. Schedule a site visit

Please submit to: Alcohol and Drug Abuse Division,
601 Kamokila Blvd., # 360, Kapolei, HI 96707
Email: angela.bolan@doh.hawaii.gov
Phone: 692-7518

