

My Provider Checklist

Alternative Transportation

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Financing

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Legal

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Reputation Restoration

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Screening/Counseling

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Traffic School

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Ignition Interlock

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Auto Insurance (SR22)

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

License Reinstatement

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

MADD Victim Impact Panel

Location: _____
Date: _____

Community Service

Charity: _____ Charity: _____ Charity: _____
Hours: _____ Hours: _____ Hours: _____

Auto Sale/Purchase

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Home Detention

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____

Alcohol Monitoring

Provider: _____ Provider: _____ Provider: _____
Quote: _____ Quote: _____ Quote: _____