

**Georgia Department of Driver Services - Regulatory Compliance Division
Online Certification Reporting Application (OCRA) Administrator Privileges**

Grant Administrator Privileges:

I, _____,
(Please Print Full Name)
in my capacity as Program Owner request
the following person be granted OCRA
Administrator Privileges for the program(s)
I represent.

Remove Administrator Privileges:

I, _____,
(Please Print Full Name)
in my capacity as Program Owner request
the OCRA Administrator Privileges be
removed for the person listed below.

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Date of Birth</i>
-------------------	--------------------	------------------	----------------------

<i>E-mail Address (required)</i>	<i>Telephone #</i>	<i>Secondary Telephone #</i>
----------------------------------	--------------------	------------------------------

***Provide a secure, individual email address that only this person can access*

<i>Home Address</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip Code</i>
---------------------	-------------	---------------	--------------	-----------------

As an OCRA Administrator, I understand that my OCRA username and password must be secured and cannot be shared with anyone. Furthermore, I understand that if my username and password are compromised that I must notify the Department of Driver Services (DDS) immediately by email and that I can be held accountable for any fraudulent activity.

For Third-Party Testers (TPT), Examiners or Administrators - I acknowledge that I have successfully completed the DDS OCRA Non-Commercial Third Party User Guide. I understand that my actions have ramifications impacting DDS and highway safety. Only qualified persons should receive driver's licenses; therefore, I affirm that I will only finalize and issue Road Skills Test Certificates to students who have successfully completed any of the approved methods of driver training specified in O.C.G.A. § 40-5-27(d) and the TPT Road Skills Test.

Program Employee Signature (Required to Grant Privileges Only)

Date

The request to grant or remove OCRA Administrator Privileges will affect the following programs (attach additional pages as needed):

Name of Program

RRP Certification #

DI Certification #

DT Certification #

TPT Certification #

I hereby authorize DDS to make the change outlined above. I understand that as an OCRA Administrator, this staff member will have full access to OCRA, this includes the ability to set up classes, add students, edit class and student information, finalize students, and issue certificates of completion for the programs indicated above. I also understand that I am responsible for notifying DDS in writing to have this individual's OCRA Administrator Privileges deactivated once they leave my employment and that I can be held accountable for any fraudulent activity that may occur.

Signature of Program Owner Named Above

Date

The User ID and Password assigned to staff member will be e-mailed to the address indicated above. Please allow at least 2-3 business days for processing.