

Online Certification Reporting Application (OCRA)

OCRA Privileges Form

Grant OCRA Privileges:

Remove OCRA Privileges:

I, _____, in my capacity as the Program Owner and/or Director, request the following person be granted OCRA Privileges for the program(s) I represent.

I, _____, in my capacity as the Program Owner and/or Director, request the OCRA Privileges be removed for the person listed below.

First Name *Middle Name* *Last Name* *Date of Birth*

E-mail Address (required) *Work Telephone #* *Secondary Telephone #*
**Provide a secure, individual email address that only this person can access

Work Address *City* *County* *State* *Zip Code*

NOTE: Admin Access – allows the above individual FULL access to OCRA to add, remove, edit, and finalize course and student information. **DT Instructor Access** – ONLY available for Driver Training Instructors and allows them to finalize and print certificates. They will not be able to add, remove, or edit course or student information.

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

_____	_____	<input type="checkbox"/> Admin Access	<input type="checkbox"/> DT Inst. Access
<i>Name of Program as it appears in OCRA</i>	<i>Program Certification#(s)</i>		
_____	_____	<input type="checkbox"/> Admin Access	<input type="checkbox"/> DT Inst. Access
<i>Name of Program as it appears in OCRA</i>	<i>Program Certification#(s)</i>		
_____	_____	<input type="checkbox"/> Admin Access	<input type="checkbox"/> DT Inst. Access
<i>Name of Program as it appears in OCRA</i>	<i>Program Certification#(s)</i>		
_____	_____	<input type="checkbox"/> Admin Access	<input type="checkbox"/> DT Inst. Access
<i>Name of Program as it appears in OCRA</i>	<i>Program Certification#(s)</i>		

I have reviewed and understand the levels of access described in the note section above and hereby authorize DDS to make the changes for the programs as indicated.

Owner/Director Printed Name *Title*

Owner/Director Signature *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.