

***Online Certification Reporting Application (OCRA)  
OCRA Administrator Privileges for  
Technical Schools, Colleges and Universities***

**Grant Administrator Privileges:**

I, \_\_\_\_\_,  
in my capacity as Director of the Driver's  
Education program, request the following  
person be granted OCRA Administrator  
Privileges for the program(s) I represent.

**Remove Administrator Privileges:**

I, \_\_\_\_\_,  
in my capacity as Director of the Driver's  
Education program, request the OCRA  
Administrator Privileges be removed for the  
person listed below.

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*First Name                      Middle Name                      Last Name                      Date of Birth*

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

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*Work Address                      City                      County                      State                      Zip Code*

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

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*Name of College/Technical School*

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*Name of College/Technical School*

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*Name of College/Technical School*

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*Name of College/Technical School*

***I hereby authorize DDS to make the changes outlined above. I understand that as an OCRA Administrator, this staff member will have 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.***

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*Printed Name*

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*Title*

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*Signature*

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*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.**