

OCRA CORRECTION REQUEST FORM

Enter all applicable responses into this form and email to reginfo@dds.ga.gov & assigned Field Analyst

DATE: _____

PROGRAM NAME: _____

PROGRAM ADDRESS: _____

PROGRAM TYPE (RRP, DI, or DT) & CERTIFICATION #: _____

NAME & TITLE PERSON MAKING
CORRECTION REQUEST: _____

PHONE NUMBER: _____ Email: _____

CLASS START DATE: _____ END DATE: _____

INSTRUCTOR: _____

Attach all supporting documents
as applicable: contract(s), class
rolls, BTW logs, permit, etc.

STUDENT INFORMATION:	
_____	_____
First Name	Last Name
_____	_____
DOB	License/Permit Number
(Attach additional pages if needed)	

CERTIFICATE NUMBER: _____

HAS THE CERTIFICATE BEEN GIVEN TO THE STUDENT (By Email, Fax, or in person)? _____

PROVIDE A DESCRIPTION OF THE EVENTS LEADING TO THE NEED FOR A CORRECTION:

ACTION REQUESTED:

ANALYST NOTES/ACTIONS TAKEN (TO BE COMPLETED BY DDS ANALYST):

OCRA School ID: _____