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.

_____
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*

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

_____
Name of College/Technical School

_____
Name of College/Technical School

_____
Name of College/Technical School

_____
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.

_____
Printed Name *Title*

_____
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.

Fax to 678.413.8735 or email to reginfo@dds.ga.gov