Georgia Department of Driver Services

Regulatory Compliance Division • 2206 East View Parkway • Conyers • Georgia 30013

Online Certification Reporting Application
College/Technical School Driver Training Administrator Application

School Information

Official Name of College or Technical School: _____

_____   County: _____

Mailing Address: _____

President's Name: _____

Telephone Number: _____ E-mail Address (Required): _____

(All schools __must__ provide an e-mail address to receive electronically submitted DDS correspondence.)

Administrator Information

Administrator Name *(First, Middle Initial, Last)*: _____

Telephone Number: _____ E-mail Address (Required): _____

I am authorizing the above named person to be the Administrator of the College/Technical School's Driver Training Program and to have access, and to grant other office staff and Driver Training Instructors access, to the Georgia Department of Driver Services' Online Certification Reporting Application (OCRA) in order to administer Certificates of Completion to students who successfully complete the Driver Training course through our program.

_____   _____
 President's Printed Name   President's Signature

Date:_____

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