



Driving Under the Influence Internet Program Forms System PROVIDER DUI PROGRAM ADMINISTRATOR DESIGNEE DOCUMENT

(To be completed by the Program Director)

Prerequisite: DUI Internet Agreement (DL 947 New, 8/2005) submitted with this document, or already on file at DMV

The signed Internet Security Agreement Certification (DL 945 New, 8/2005) for the person designated below must be submitted to Department of Motor Vehicles (DMV) with this document, or already be on file at DMV. Only one Administrator is allowed per ADP Licensed Location.

Please complete the following information to designate your Provider DUI Program Administrator for the DUI Internet Program Forms System.

1. ADP LICENSE NUMBER		
2. NAME OF DESIGNATED PROVIDER DUI PROGRAM ADMINISTRATOR (LAST, FIRST NAME)		
3. (AREA CODE) TELEPHONE NUMBER		
4. E-MAIL ADDRESS		
5. ANSWERS TO HINT QUESTIONS: CITY OF BIRTH FOUR-DIGIT BIRTH YEAR		
6. USER NAME FOR ADMINISTRATOR (TO BE CREATED BY THE DIRECTOR IN ACCORDANCE WITH THE SECURITY PROCEDURES)		
7. SIGNATURE OF PROGRAM DIRECTOR X	PRINTED NAME	DATE SIGNED

Note: Only one Provider DUI Program Administrator is allowed per ADP licensed location.

If the person designated above is replacing an individual that is already in the Provider DUI Program Administrator role, please provide the individual's full name, and user name. This person's access status will be changed to "Inactive" prior to creating the new Administrator, designated above.

8. NAME OF PROVIDER DUI PROGRAM ADMINISTRATOR WHO'S ACCESS WILL BE CHANGED TO "INACTIVE" (LAST, FIRST)	USER NAME
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FOR DEPARTMENT OF MOTOR VEHICLES OFFICIAL USE ONLY

- ☐ DUI Internet Program Forms System Agreement approved
- ☐ Signed Internet Security Agreement Certification approved
- ☐ Changed prior Provider DUI Program Administrator's status to "Inactive" (check only if applicable)

DATE INDIVIDUAL WAS CONTACTED BY TELEPHONE

FIRST HINT QUESTION RESPONSE

SECOND HINT QUESTION RESPONSE

- ☐ The Individual did not answer the first and second hint questions correctly, and was referred to the Program Director, referenced in item seven, above.

- ☐ The LOD, Help Desk phone number was provided to the Administrator.

INITIAL PASSWORD THAT WAS PROVIDED TO THE ADMINISTRATOR

SIGNATURE OF DUI PROGRAM PROVIDER ACCESS ADMINISTRATOR

X

DATE

NOTE(S)

Instructions to Program Director: Mail DMV original form to:

DMV Staff Services Branch, MS H222

P. O. Box 932345, Sacramento, CA 94232-3450