



Driving Under the Influence Internet Program Forms System EXTERNAL ACCOUNT AND ROLE REQUEST

(To be completed by the Department of Alcohol and Drug Programs Director or Designee)

Prerequisites: Individual(s) in Section II must comply with the following: Internet Security Agreement Certification (DL 952 New 8/2005) must be signed and submitted with this document or already received by DMV, and training must be completed.

SECTION I — ROLE

DUI DADP Administrator

SECTION II

EFFECTIVE DATE	LAST NAME	FIRST NAME (NO ABBREVIATIONS)	MIDDLE INITIAL	TELEPHONE #	DIRECTOR OR DESIGNEE NAME/ TELEPHONE #	USER NAME*	HINT RESPONSES	
							4-DIGIT BIRTH YR	CITY OF BIRTH
				() E-MAIL				
				() E-MAIL				

*To be created by the Director or Designee—User Name cannot be less than 5 characters, but not more than 15 characters. It can contain alpha and numeric characters, but not special characters, and should be representative of your organization and the user. (Example: acronym for your organization, user's initials [DADPmvr])

SECTION III (The "New Account" or "Inactive Account" box MUST be checked)

New Account - add new account(s) to the DUI URL
 Security Agreement Certification has been signed by the Individual(s) in Section II

Inactive Account - change account(s) status to inactive
NOTE: A separate request is required for creating a new accounts and changing a user account status to inactive.

SECTION IV

NAME OF PERSON COMPLETING THIS REQUEST	TELEPHONE # ()	DATE
--	-----------------------	------

DEPARTMENT OF MOTOR VEHICLES OFFICIAL USE

NAME OF INDIVIDUAL IN SECTION II		
SIGNED SECURITY AGREEMENT CERTIFICATION (DL 952 NEW 8/2005) WAS RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO If no, the individual was called and directed to contact the DADP Director or Designee.		
INDIVIDUAL WAS CONTACTED BY TELEPHONE, AND ASKED THE TWO HINT QUESTIONS ON:		
Date:	Time:	
FIRST HINT QUESTIONS RESPONSE	SECOND HINT QUESTION RESPONSE	
<input type="checkbox"/> The individual did not answer the first and/or second hint question correctly. The individual was directed to contact the DADP Director or Designee in Section II.		
THE HINT RESPONSES WERE CORRECT	DL PRIMARY DUI PROGRAM ADMINISTRATOR	DATE
The initial password provided to the new Administrator:		

Instructions to the Director: Mail DMV original form to:
DL Automation/Dev Section, MS J151
P. O. Box 932345, Sacramento, CA 94232-3820