

## Driver Education Provider User ID Request/Removal Form

The following information is required to obtain or delete a User ID and password for access to the Web-based driver education Segment 1 and Segment 2 knowledge tests. Please be sure all information is legible.

Provider Name (include corporate and/or dba name): \_\_\_\_\_

Street Address: \_\_\_\_\_ Provider Certification Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Use Part A to request User IDs for driver education instructors or staff to access the Web-based knowledge tests.
- Use Part B to remove driver education instructors or staff from access to the Web-based knowledge tests.

**Part A:** My/our organization needs User IDs and passwords for the certified instructors and staff listed below.

Name	Certification Number	Working Title*	E-mail Address

**Part B:** My/our organization no longer needs access for the certified instructors and staff listed below.

Name	Certification Number	Working Title*	Reason (no longer employed, withdrawing approval for access, etc.)

\*Working Title – owner, officer, designated representative, instructor, clerical, etc.

**NOTE:** Once a person is assigned a User ID and password, it is the responsibility of the provider to ensure that the department's rules for use are being followed. For security reasons, you must contact the Department of State when a person who has been assigned a User ID leaves your organization so that deactivation can be completed.

**Certification:** I certify that my organization is responsible for ensuring the security of User IDs and passwords issued to its personnel. I will contact the Department of State immediately if a designated user is no longer employed or allowed to have access to the Web-based knowledge tests.

\_\_\_\_\_  
Signature of Owner/Designated Representative/Coordinator

\_\_\_\_\_  
Date

**Return completed form to:**  
Michigan Department of State  
Driver Programs Division  
Driver Education Section  
Lansing, MI 48918