



FTP SERVER ACCESS REQUEST

*COMPANY NAME		
*MAILING ADDRESS		
*CITY	*STATE	*ZIP
*RESPONSIBLE ENTITY	*PHONE	Ext.
*RESPONSIBLE ENTITY EMAIL ADDRESS	*FAX	
ERROR NOTIFICATION CONTACT NAME	*PHONE	Ext.
ERROR NOTIFICATION CONTACT E-MAIL ADDRESS	FAX	
TECHNICAL SUPPORT CONTACT	*PHONE	Ext.
TECHNICAL SUPPORT CONTACT E-MAIL	FAX	

TYPE OF SERVICE REQUESTED (REQUIRED FIELD)

<input type="checkbox"/> Crash Records <input type="checkbox"/> Currently Using FTPS (FTP over TLS) <input type="checkbox"/> Driver License Abstract Requests <input type="checkbox"/> E-Citation	<input type="checkbox"/> LPR <input type="checkbox"/> SR22 / 26 Transmission <input type="checkbox"/> UTT Transmission <input type="checkbox"/> Other _____
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AMMG USE ONLY (DO NOT WRITE IN THIS SECTION)

DATE RECEIVED	DATE INSTALLED IN FTP SERVER	ABSTRACT CUSTOMER CODE
DATE INSTALLED IN ACCESS SERVER	TRANSACTION SECURITY CODE	ABSTRACT ACCOUNT NUMBER
ACCESS INSTRUCTIONS SENT	PASSWORD	CALLED WITH PASSWORD

Please e-mail, fax or mail this form to:

Ohio Department of Public Safety
 Information Technology Office / AMMG
 P.O. Box 16520
 Columbus, Ohio 43216-6520
 ODPS Help Desk: (614) 752-6487
 Fax: (614) 644-3178
 E-mail: ftpactverification@dps.ohio.gov