



*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"/> Account Reset <input type="checkbox"/> Crash Reports <input type="checkbox"/> Contact Updates <input type="checkbox"/> Driver License Abstract Requests <input type="checkbox"/> E-Citation (OH)	<input type="checkbox"/> LPR <input type="checkbox"/> New Account <input type="checkbox"/> SR22 / 26 Transmission <input type="checkbox"/> UTT Transmission
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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