

**USER MANAGEMENT MODULE  
ACCESS TO NCDMV CRASH REPORTING SYSTEMS**

**AGENCY NAME:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Complete the below Form and fax to the Division at 919-715-9099. Or, mail to the Division at NCDMV, Traffic Records, 3105 MSC, Raleigh, NC 27699-3105.

	<b>EMPLOYEE'S NAME</b>	<b>WORK AREA / LOCATION</b>	<b>JOB TITLE</b>	<b>NCID</b>
	<i>Jane Driver Sample</i>	<i>Claims Department/Raleigh</i>	<i>Claims Agent</i>	<i>jdsample</i>
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