

CRN County User Access Form – Please complete and return to PA DUI Association.

Last Name:	
First Name:	
Middle Initial:	
Role (Select only one)	
<input type="checkbox"/> DUI Coordinator	
<input type="checkbox"/> CRN Evaluator	
Counties for which you are responsible (list all that apply)	
Driver's License Number:	
Physical Address:	
Street:	
City, Zip	
Phone Number (required—may be a central phone)	
Fax Number	
Email Address (required for notification of user set up)	

Note: If you are a DUI Coordinator in one county and a CRN Evaluator in another, you have two options:

1. You can be set up with DUI Coordinator access in both counties. This requires the approval of the DUI Coordinator in the county in which you are a CRN Evaluator.
2. You can be set up with two user IDs, one with DUI Coordinator access to one county(ies) and the second with CRN Evaluator access to the other county(ies).

Note: If you are a CRN Evaluator in multiple counties with different DUI Coordinators, please complete a form for each county and have the appropriate DUI Coordinator sign it.

Requestor Signature	Date
Requesting Authority Signature (DUI Coordinator)	Date
Approval Authority Signature (DUI Association)	Date