



# Authorized Access to ICBC Information—Password Administrator List

NAME OF SCHOOL	DTC NUMBER (IF KNOWN)
----------------	-----------------------

## Section 1 List of Designated Password Administrators

Indicate below the individuals designated to represent your school as password administrators. These individuals (maximum of 5) will be responsible for contacting ICBC in the event that access problems to the On-line Road Test Booking Service ("WebDEAS") or *Driver Training Industry Information* webpage occur.

1) _____ NAME	_____ SECURITY KEYWORD
2) _____ NAME	_____ SECURITY KEYWORD
3) _____ NAME	_____ SECURITY KEYWORD
4) _____ NAME	_____ SECURITY KEYWORD
5) _____ NAME	_____ SECURITY KEYWORD

## Section 2 School Declaration

To the Insurance Corporation of British Columbia:

1. The information provided by me on this form is true and correct;
2. I acknowledge that only the designated password administrators identified on this form may contact ICBC in the event that password problems occur, and understand that any violation of these procedures may result in the removal of my on-line road test booking privileges or access to the Driver Training Industry Stakeholder (secure) website.

_____ OWNER/OPERATOR (please print)	_____ SIGNATURE	_____ DATE
-------------------------------------	-----------------	------------

RETURN TO: ICBC, DRIVER TRAINING UNIT, PO BOX 3750, VICTORIA, BC V8W 3Y5. TELEPHONE: 250-978-8370, TOLL FREE: 1-866-339-0363, FACSIMILE: 250-978-8032