

For MDT Only Agencies



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LEADS OPERATOR UPDATE FORM

Use this form each time there is a change in your operator list.

FAX: (614)644-2459
MAIL TO: Ohio LEADS
PO Box 182075
Columbus, OH 43218-2075

DATE: _____

TAC: _____

ORI: _____

AGENCY: _____

ACTION TYPE: Add/Disable Modify/Transfer	NAME: Last, First, MI	DOB	OLN/STATE ID #	ORI*	TYPE OF CERTIFICATION: INQ w/CCH; INQ (TACs must be submitted on TAC Form)

*The ORI listed must be the ORI associated with the operator’s certification.

Updates for users at terminal agencies will not be accepted on this form.