

OR PTC DCI — Consumer Employer Representative Profile Maintenance

Check all that apply:

- Add** a new user
- Deactivate** a user *(Complete only Consumer Employer Representative part 1 and Staff information.)*

Consumer Employer Representative information part 1

Name <i>(first, last)</i> :	Email address:
Profile reference in OR PTC DCI: <i>(only complete this for deactivating the user)</i>	

Consumer Employer Representative information part 2

Address <i>(include apartment number when applicable)</i> :	City:	State: OR	ZIP:
Time Zone: <small>Choose an item.</small>	Phone:	Alternate phone:	Mobile phone:
Branch name:			Branch number:

Consumer(s) to Link

Consumer's prime number:	Consumer's name (first, last):
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Consumer's prime number:	Consumer's name (first, last):
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Consumer's prime number:	Consumer's name (first, last):
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Consumer's prime number:	Consumer's name (first, last):
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Staff information *(This is the staff making the request/filling out this form. If questions arise, this individual will be contacted.)*

Name <i>(first, MI, last)</i> :	Phone:	Extension:	Date submitted:
*Branch number:		Position/title:	