TEDRS USER GUIDE

LeAnn Haas
Traffic Education
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HOW DO I FIND THE LOGIN?

www.opi.mt.gov/drivered

SECURE PORTAL LOGIN

• Use your current password to log in. Passwords expire every 60 days. If you need a new password, click on "New User? Forgot Password?" and follow the prompts.

• Your username is usually your first initial and last name. It is not case-sensitive.

• When you log in with your emailed temporary password, first go to Administration/Change Password and change it to something you can remember.

OPI Secure Portal

Bookmark this page or store it in your favorites, so you can easily navigate here to access the majority of your OPI applications.

👤 username

🔒 password

Login

✉ Contact the Helpdesk
🔓 Reset Password
📄 How to Reset Your Password and Other Frequently Asked Questions
📄 User Access Request Forms

HOME PAGE

CDTP Forms

Traffic Education Permit for Restricted Instruction
Application for Class D Driver License
Examiner Testing Page
Driver Medical Evaluation 3/17

OPI Montana Traffic Education Programs

OPI Home
Send us Feedback

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Welcome to the Traffic Education Data & Reporting System (TEDRS)

Are you using Chrome or Firefox as your Internet browser? You will need to enable popups to open and print documents generated by TEDRS. If you encounter printing problems, contact the Traffic Education Office.

- **TE01 District Application** - Due annually by August 1 if first traffic education course begins Fall semester OR before the district's Traffic Education program begins in the spring or summer.

- **TE04 Student List and TE03 Certification** - Download the **Student List Entry Guide** for detailed, step-by-step instructions for the Student List.

- **TE06 Year-End Report** - Due before July 10 to receive reimbursement in August.

CDTP Forms

Traffic Education Permit for Restricted Instruction
Application for Class D Driver License
Examiner Testing Page
Driver Medical Evaluation 3/17

TEDRS Access & Users
Forms and reports in TEDRS can be submitted by the district superintendent, principal, district clerk or traffic education coordinator and/or teacher(s) who have TEDRS access. If a user's email address changes or TEDRS users change, please send an e-mail to leann.haas@mt.gov

TEDRS Forms Presentation
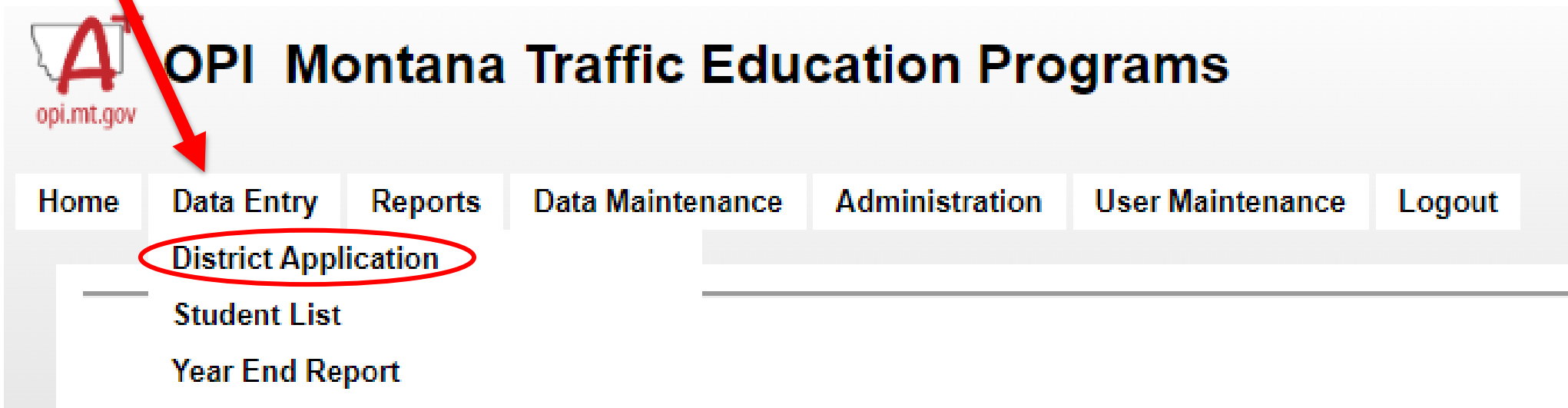
For assistance, contact the Traffic Education office at (406) 444-4432.

Thank you for providing state-approved traffic education courses and traffic safety training, making Montana's roads safer to reach Vision Zero! -Dwight Nelson

TE01 DISTRICT APPLICATION

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District Application

Student List

Year End Report

TE01 DISTRICT APPLICATION

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District Application

School Year: [2025 ▼] District: [Havre H S ▼]

Select the 2025 School Year if your scheduled completion date(s) occur between July 1, 2024 and June 30, 2025.

| Instructor | Program | Vehicles | Organization | Confirmation | Approval |

Check box for YES

☑ 1. Consists of at least sixty (60) hours of instruction six (6) of which must be driving.

☑ 2. Each student will receive instruction on at least 25 separate days.

☑ 3. The in-traffic behind-the-wheel instruction is conducted over no less than 6 days, which may count as part of the minimum 25 days.

☑ 4. All students enrolled in the course will reach their 15th birthday within 6 months of the course completion date.

☑ 5. Each student will possess a proper learner's license or traffic education permit to legally operate a vehicle on Montana roadways.

☑ 6. All phases of the program will be scheduled so students receive concurrent or integrated classroom and driving instruction.

☑ 7. The district traffic education course is based on a current curriculum guide available from the Office of Public Instruction.

☑ 8. Students meet or exceed the identified objectives listed in OPI's current Traffic Education Curriculum Guide in order to be certified as successfully completing the program.

☑ 9. The program is scheduled so that a sufficient number of courses are provided to allow every eligible youth within the school geographic jurisdiction an equitable opportunity to enroll, pursuant to MCA 61.5.106.

☑ 10. A Parent Meeting is required to review the schedule, requirements, and parent role in Graduated Driver Licensing.

☐ 11. Participates in the Cooperative Driver Testing Program (CDTP) for driver licensing purposes and all instructors are CDTP-certified.

| Save Application | Back |
| Print District Application |

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District Application

School Year: 2025 ▾ District: Havre H S ▾

Select the 2025 School Year if your scheduled completion date(s) occur between July 1, 2024 and June 30, 2025.

Instructor | Program | Vehicles | Organization | Confirmation | Approval

Check box for YES

☑ 12. Do you own your traffic education vehicle(s)?

☑ 13. Does the District lease or borrow any traffic education vehicles and use the 202 School/Dealer Vehicle Use Agreement or its equivalent to ensure compliance with the vehicle requirements for the traffic education program?

14. The vehicle will be:
- ☑ properly licensed.
- ☑ properly insured to provide adequate protection for all concerned.
- ☑ used exclusively for traffic education.

☑ 15. Vehicles will be equipped with a dual-control brake, two exterior mirrors, a first aid kit, flares or reflectors, a fire extinguisher, and an accident report form.

☑ 16. The vehicle will be properly identified with a minimum of two exterior signs.

Save Application | Back
Print District Application

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District Application

School Year: [2025 ▾] District: [Havre H S ▾]

| Instructor | Program | Vehicles | Organization | Confirmation | Approval |

17. Enter the start and completion dates for each program you conduct (must be scheduled so each student receives instruction on at least 25 days)

Program Dates: [Add A New Program Date]

Semester	Start Date	Completion Date		
First	08/01/2024	09/30/2024	Edit	Delete

From Previous Year's Application:
No previous program dates found for the district application.

18. Indicate when the following will be taught:

	Before School	During School	After School	Summer
Classroom	☐	☐	☐	☐
Behind-the-Wheel	☐	☐	☐	☐
Other	☐	☐	☐	☐

19. Indicate the number of hours of instruction each student will receive for the following (must be a minimum of 60 hours, of which a minimum of 6 hours must be behind-the-wheel):

Classroom: [42]   Behind-the-Wheel: [6]   Observation: [12]   Simulation: [0.0]   Other: [0.0]

20. DAYS [25]   indicate the number of days of instruction each student will receive

21. Indicate approximate 9th grade population: [120]

22. How many students do you expect to enroll over application period?: [95]

[Save Application] [Back]
[Print District Application]

District Application

School Year: 2025 ▼ District: Havre H S ▼

Select the 2025 School Year if your scheduled completion date(s) occur between July 1, 2024 and June 30, 2025.

| Instructor | Program | Vehicles | Organization | Confirmation | Approval |

STEP 1: Enter name, e-mail address and phone number.

District Administrative Official's Name: Your Name

E-mail: Your Email   * Phone #: (____) ____-____   Ext: ____   Date Confirmed:

STEP 2: Save the form to check for completeness. Review and fix any validation errors.
When complete, check the submit box below and then click Save Application.

I CERTIFY that the school district Traffic Education Program for young novice drivers will be established and maintained in accordance with the current standards outlined by the Office of Public Instruction; rules 10.13.301-33. ARM; and Sections 20-7-501-507, MCA; and that all eligible youth in the geographic boundaries of the district will have an equitable opportunity to enroll.

☐ SUBMIT: I confirm that the information on this District Application is complete and accurate, and submit this application for OPI approval.

Contact OPI at (406) 444-4432 if updates or corrections are needed.

| Save Application | Back |

Print District Application

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District Application

School Year: [2025 ⌄] District: [Havre H S ⌄]

Select the 2025 School Year if your scheduled completion date(s) occur between July 1, 2024 and June 30, 2025.

| Instructor | Program | Vehicles | Organization | Confirmation | Approval |

Approved: **No** Date Approved: [Approve Application]

Validation/Approval Comments:

Other Comments:

[Save Application] [Back]
[Print District Application]

OFFIC...

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NEW STUDENT LIST

NEW STUDENT LIST

NEW STUDENT LIST

Traffic Education Student List

School Year: 2024 District: ⬛⬛⬛ **Need Help Read Student List User's Guide**

☐ New Student List is for a Summer Program Check here if program will end in July or August.

Course Start Date: 06/01/2024   Scheduled Course Completion Date: 06/30/2024

Save **Back** Course record added successfully.

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NEW STUDENT LIST

Traffic Education Student List

School Year: 2024 District: ▓▓▓▓▓ Need Help? Read Student List User's Guide

Scheduled Course Dates: **Add New Student List** ☐ New Student List is for a Summer Program Check here if program will end in July or August.

Start Date	Completed Date	Instructor	School	Certified Notice of Participation	Certified TEP/LL Permits Issued	Certified Notice of Completion	Certified Reimbursement Request		
07/30/2023	10/15/2023	▓▓▓▓▓▓▓		Yes	Yes/Yes	Yes	Yes	**Select**	**Delete**
06/01/2024	06/30/2024			No	No/No	No	No	**Select**	**Delete**

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Traffic Education Student List

School Year: 2024 ▾ District ▬▬▬▬▬ ▾   Need Help? Read Student List User's Guide

CERTIFY: **1. Student Participation** **2. TPE and Learner Licenses** **3. Course Completion** **4. Reimbursement Request**

School: [▾]

If you already created a student list for a traffic education session, do not enter the start and end dates again. Find the created list and click Select to open it

Date Course Started: 06/01/2024   ☐ Date Course Started is Correct   Scheduled Course Completion Date: 06/30/2024   **Save**

Assign Start Date for ALL Students   Use Edit and Update for exceptions.

Instructor: [▾] **Add Instructor** Click on Add Instructor button to enter each instructor's name.

Instructors:
No instructors found.

Date Student List Initially Submitted: Date Student List Last Changed:

Import AIM Students **Add New Student** Filter by Last Name: [   ] **Apply Student Filter** **Clear Filter**

Students:

Birthdate No Later Than: 12/30/2009

Last Name	First Name	Middle Name	Birthdate	Date Course Started			
[ ]	[ ]	[ ]	[ ]	06/01/2024	**Update**	**Cancel**	**Delete**

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NOTICE OF PARTICIPATION

PERMIT DATES & LEARNER LICENSES

CERTIFY PERMITS ISSUED & SUBMIT FORMS TO MVD

Last Name	First Name	Middle Name	Birthdate	Date Course Started	TEP Issue Date	Learner License Test Date	Waive Knowledge Test		
Doe	Jane		06/01/2008	06/01/2024	06/01/2024	06/14/2024	Yes	Edit	Delete
Smith	John		07/18/2009	06/01/2024	06/01/2024	06/14/2024	Yes	Edit	Delete

☑ NOTICE OF PARTICIPATION: I certify that the students listed above are participating in our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction.

Entered By:
First Name: First   Last Name: Last   Title: Instructor   Daytime Phone: (406) 456 - 7890   Ext:
Date Certified: 4/26/2024

☐ TEP: TRAFFIC EDUCATION PERMIT: I certify that TEP permits have been issued to the students on the date(s) specified above, which allows them to drive only with the instructor(s) teaching this course.   Date TEP certified:

☐ LEARNER LICENSE: I certify that Learner Licenses have been issued to the students on the date(s) specified above in full compliance with the Cooperative Driver Testing Program of the Montana Department of Justice. 61-5-110 MCA.   Date Learner License certified:

Entered By:
First Name: Last Name: Title: Daytime Phone: ( ) -   Ext:
Email:

Save   Back

Print Student List   Print Certificates of Completion   Print Learner Licenses   Print CDTP Road Test Forms

Reassign Student List to Year: 2024 ▾

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☑ **NOTICE OF PARTICIPATION: I certify that the students listed above are participating in our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction.**

Entered By:

First Name: `First`   Last Name: `Last`   Title: `Instructor`   Daytime Phone: (`406`) `456` - `7890`   Ext: ``

Date Certified: 4/26/2024

☑ **TEP: TRAFFIC EDUCATION PERMIT: I certify that TEP permits have been issued to the students on the date(s) specified above, which allows them to drive only with the instructor(s) teaching this course.** Date TEP certified: 4/26/2024

☑ **LEARNER LICENSE: I certify that Learner Licenses have been issued to the students on the date(s) specified above in full compliance with the Cooperative Driver Testing Program of the Montana Department of Justice. 61-5-110 MCA.** Date Learner License certified: 4/26/2024

Entered By:

First Name: `First`   Last Name: `Last`   Title: `Instructor`   Daytime Phone: (`406`) `456` - `7890`   Ext: ``

Email: `first.last@mt.gov`

☐ **NOTICE OF COMPLETION: I certify that the students with completion dates indicated in the list above and marked 'Yes' have successfully completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction, and are eligible for licensing upon reaching the required minimum age.**

Entered By:

First Name: ``    Last Name: ``   Title: ``    Daytime Phone: ( ``) `` - ``   Ext: ``

Date Certified:

☐ **REIMBURSEMENT REQUEST: I certify that the students checked successful or unsuccessful in the list above have completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction and are eligible for state reimbursement. I also certify that any student who did not complete at least 50 percent of both classroom and behind-the-wheel instruction is marked No in the list and is not eligible for state reimbursement.**

Total Student Count: 0

Entered By:

First Name: ``    Last Name: ``   Title: ``    Daytime Phone: ( ``) `` - ``   Ext: ``

Date Certified:

☐ Check the box to print comments. Do NOT put personal identifiable data in the comments.

Other Comments:

| Save | Back | Student List saved successfully. |

| Print Student List | Print Certificates of Completion | Print Learner Licenses | Print CDTP Road Test Forms |

Reassign Student List to Year: `2024 ▾`

State of Montana
Learner License

Date: 06/14/2024   Name: Jane Doe

Address: _____

City: _____ State: _____ Zip: _____

Restrictions: _____   License: Class D

DOB: 06/01/2008   Sex: _____ Weight: _____ Ht: _____ Eyes: _____
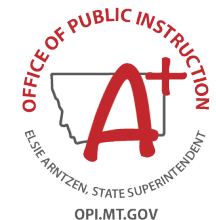
Applicant's Signature: _____

Learner License: Good for the operation of a Class D vehicle only when accompanied by a licensed driver education instructor, parent or legal guardian, or other adult with parent/guardian permission occupying the seat beside the driver. Six months and 50 hours of supervised driving practice are required with 10 hours at night and no alcohol, drug or traffic citations.

After 12/01/2024, and successful completion of the six-month GDL practice period, you may apply for a First Year Restricted License at a driver license station. Schedule an appointment online at www.dojmt.gov/driving or call 1-406-444-1772. **This Learner License is valid for 1 year from the date the knowledge test was passed.**

Expiration Date: 6/14/2025

Instructor: _____ School: Montana H S   Date: _____

26-0301 (5/17)

COURSE COMPLETION

NOTICE OF COMPLETION

WAIT! Don't confirm this student list as complete until you are completely done with this class. Checking this box and clicking SAVE locks you out of the form and you will need to contact the OPI Traffic Education Office for assistance with corrections or updates.

☑ NOTICE OF COMPLETION: I certify that the students with completion dates indicated in the list above and marked 'Yes' have successfully completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction, and are eligible for licensing upon reaching the required minimum age.

Entered By:
First Name: First   Last Name: Last   Title: Instructor   Daytime Phone: (406) 456 - 7890   Ext:
Date Certified:

☐ REIMBURSEMENT REQUEST: I certify that the students checked successful or unsuccessful in the list above have completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction and are eligible for state reimbursement. I also certify that any student who did not complete at least 50 percent of both classroom and behind-the-wheel instruction is marked No in the list and is not eligible for state reimbursement.

Total Student Count: 2

Entered By:
First Name: Last Name: Title: Daytime Phone: ( ) -   Ext:
Date Certified:

☐ Check the box to print comments. Do NOT put personal identifiable data in the comments.
Other Comments:

Save   Back
Print Student List   Print Certificates of Completion   Print Learner Licenses   Print CDTP Road Test Forms
Reassign Student List to Year: 2024 ▼

☑ **NOTICE OF PARTICIPATION:** I certify that the students listed above are participating in our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction.

Entered By:
First Name: `First`   Last Name: `Last`   Title: `Instructor`   Daytime Phone: (`406`) `456` - `7890`   Ext: ` `
Date Certified: 4/26/2024

☑ **TEP: TRAFFIC EDUCATION PERMIT:** I certify that TEP permits have been issued to the students on the date(s) specified above, which allows them to drive only with the instructor(s) teaching this course.   Date TEP certified: 4/26/2024
☑ **LEARNER LICENSE:** I certify that Learner Licenses have been issued to the students on the date(s) specified above in full compliance with the Cooperative Driver Testing Program of the Montana Department of Justice. 61-5-110 MCA.   Date Learner License certified: 4/26/2024

Entered By:
First Name: `First`   Last Name: `Last`   Title: `Instructor`   Daytime Phone: (`406`) `456` - `7890`   Ext: ` `
Email: ` `

WAIT! Don't confirm this student list as complete until you are completely done with this class. Checking this box and clicking SAVE locks you out of the form and you will need to contact the OPI Traffic Education Office for assistance with corrections or updates.

☑ **NOTICE OF COMPLETION:** I certify that the students with completion dates indicated in the list above and marked 'Yes' have successfully completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction, and are eligible for licensing upon reaching the required minimum age.

Entered By:
First Name: `First`   Last Name: `Last`   Title: `Instructor`   Daytime Phone: (`406`) `456` - `7890`   Ext: ` `
Date Certified: 4/26/2024

☑ **REIMBURSEMENT REQUEST:** I certify that the students checked successful or unsuccessful in the list above have completed our district's state-approved traffic education program that is established and maintained in accordance with the current standards outlined by the Superintendent of Public Instruction and are eligible for state reimbursement. I also certify that any student who did not complete at least 50 percent of both classroom and behind-the-wheel instruction is marked No in the list and is not eligible for state reimbursement.
Total Student Count: 2

Entered By:
First Name: `First`   Last Name: `Last`   Title: `Instructor`   Daytime Phone: (`406`) `456` - `7890`   Ext: ` `
Date Certified: 4/26/2024

☐ Check the box to print comments. Do NOT put personal identifiable data in the comments.
Other Comments:

[Save] [Back]
[Print Student List] [Print Certificates of Completion] [Print Learner Licenses] [Print CDTP Road Test Forms]
[Reassign Student List to Year:] `2024 ▾`

HOW DO I KNOW IT IS COMPLETED?

GREEN!

CERTIFY: | **1. Student Participation** | **2. TEP and Learner Licenses** | **3. Course Completion** | **4. Reimbursement Request**

School: [▼]

If you already created a student list for a traffic education session, do not enter the start and end dates again. Find the created list and click Select to open it
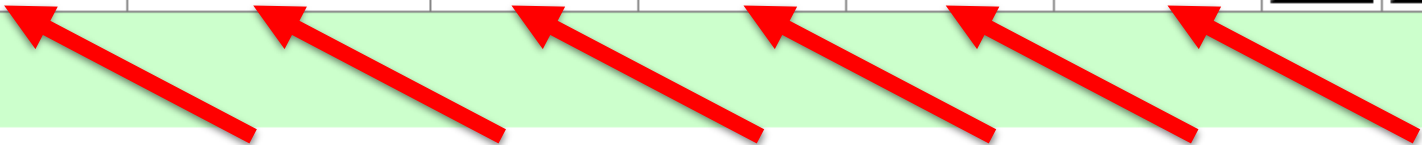
Date Course Started: 06/01/2024   Actual Course Completion Date: 06/30/2024   **Save**

Traffic Education Student List

School Year: [2024 ▼] District: ▬▬▬▬▬ [▼] Need Help? Read Student List User's Guide

Scheduled Course Dates: **Add New Student List** ☐ New Student List is for a Summer Program Check here if program will end in July or August.

Start Date	Completed Date	Instructor	School	Certified Notice of Participation	Certified TEP/LL Permits Issued	Certified Notice of Completion	Certified Reimbursement Request		
07/30/2023	10/15/2023	▬▬▬▬▬▬▬▬	▬▬▬▬	Yes	Yes/Yes	Yes	Yes	Select	Delete
06/01/2024	06/30/2024			Yes	Yes/Yes	Yes	Yes	Select	Delete

YEAR END REPORT

Fiscal Year: 2024 ▾ District ▬▬▬▬▬ ▾

| TE Program | TE Program (cont.) | Vehicles | TE Teachers | Budget | Enrollment | Confirmation |

A. TRAFFIC EDUCATION PROGRAM (Check the box for "yes" and provide the requested information)

1. Regarding your traffic education program administration, schedule, and fees, did your district:

☑ Employ a traffic and safety education **coordinator and/or supervisor**?

☐ **Grant credit** for successful completion of traffic education?

Offer traffic education:
- ☐ Before School
- ☐ During School
- ☐ After School
- ☐ Summer

Charge a fee for each student enrolled in traffic education during:
- ☑ 1st semester $ 225
- ☐ 2nd semester $ 0
- ☐ Summer $ 0

☐ Plan to, for the upcoming school year and summer, **increase the fee** charged students?

If yes, indicate new fee $ 0

☑ Enroll out-of-district students? If checked, how many out-of-district students enrolled? 1

From which district(s) did you accept out-of-district students? Frenchtown

Out-of-district fee (if different): 1st semester: $ 0   2nd semester: $ 0   Summer: $ 0

2. Regarding your traffic education program's requirements for state-approval, did your district:

☑ Screen students' **vision** with an eye exam before students began behind-the-wheel instruction?

☑ Hold a **Parent Meeting** to review schedule, requirements and parent/guardian role in Graduated Driver Licensing (GDL)?

☑ Offer traffic education to **students with disabilities**?

☑ Emphasize occupant protection measures and require the use of **seat belts**?

☑ Teach an instructional unit on the effects of **alcohol & drugs** and encourage students not to drive impaired?

☑ Teach an instructional unit on distracted driving and encourage students not to drive distracted?

☑ Follow the instructional content standards guidelines in the OPI's Traffic Education **Curriculum Guide**?

Save Year End Report   Back
Print Year End Report

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TE PROGRAM (CONT.)

VEHICLES

TE TEACHERS

Year End Report

Fiscal Year: 2024 ⌄   District: ▊▊▊▊ ⌄

| TE Program | TE Program (cont.) | Vehicles | TE Teachers | Budget | Enrollment | Confirmation |

C. INSTRUCTORS (Check all that apply and provide the requested information)

Number of state-approved traffic education instructors in your district: 1. Full-time: [0]   2. Part-time: [1]

Which payment method(s) and rate(s) are used by your district for traffic education instructors' salaries:

Payment Method(s)	School Year	Summer
1. Hourly	☐	☐
2. Weekly	☐	☐
3. Monthly	☐	☐
4. Per Pupil	☐	☐
5. Portion of scheduled salary	☑	☑
6. Other	☐	☐

Other Description: [   ]

What does your payment method equate to in hourly wages?

School Session
hourly maximum rate: $ [35.00]
hourly minimum rate : $ [25.00]

Summer Session
hourly maximum rate: $ [35.00]
hourly minimum rate : $ [25.00]

| Save Year End Report | Back |

Print Year End Report

Year End Report

| TE Program | TE Program (cont.) | Vehicles | TE Teachers | Budget | Enrollment | Confirmation |

E. REIMBURSEMENT TALLY

18   TOTAL NUMBER OF STUDENTS ELIGIBLE FOR REIMBURSEMENT

Enrolled students do not have to successfully complete the course for the district to receive reimbursement; students must complete at least 50% of the classroom instruction and 50% of the BTW instruction. Use the Student Count total calculated in TEDRS.

F. BUDGET List below all combined fiscal year operational costs for your traffic education program:

Traffic Education Program Expenditures	Amount
1. Gross Salaries	5074.00
2. Employer's contribution for employee social security, retirement	406.00
3. Other employee benefits	0.00
4. For **district-owned** vehicle(s), calculate the annual cost based on the current federal per-mile rate **OR** enter actual expenses for fuel, repairs, maintenance, and installations.	410.00
5. For **leased/loaned** vehicle(s), calculate costs based on actual expenses including fuel, repairs, maintenance and installations.	0.00
6. Vehicle insurance premiums	600.00
7. Instructional equipment (computers, etc.)	0.00
8. Rental fees for video, equipment, etc.	0.00
9. Textbooks and supplies	0.00
10. Instructor professional development, training, and/or conference attendance.	0.00
11.	0.00
12.	0.00

Recalculate Costs

J.   **TOTAL COST INCURRED (lines 1 through 12 above):** $ 6490
K.   **AVERAGE COST PER PUPIL** (Total Cost Incurred divided by Total Students): $ 360.56

Save Year End Report   **Back**
Print Year End Report

ENROLLMENT

Year End Report

Fiscal Year: 2024 ⌄ District ████████████ ⌄

| TE Program | TE Program (cont.) | Vehicles | TE Teachers | Budget | Enrollment | Confirmation |

D. ENROLLMENT (Check all that apply and provide the requested information)

Indicate the number of eligible students, within the district's boundaries, who desired to take and/or complete traffic education and who were **not** able to do so because of:

Insufficient classes due to teacher shortage: `0`

Scheduling conflicts: `0`

Course Cancellation (inability to complete due to health or safety concerns and restrictions): `0`

Other: `0` List Reason: [   ]

How does your district prioritize enrollment of students when you are unable to take all students who wish to enroll?

☐ Date registered (first come/first served)

☑ Oldest students have priority

☐ Lottery method

☐ Other Explain: [   ]

Save Year End Report **Back**
Print Year End Report

CONFIRMATION

QUESTIONS?