

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

California Driver License Number

hereby authorize the California Departr	nent of Motor Vehicles (DMV) to disclose or	
record, to my employer, San Diego St	cate University COMPANY NAME	
least once every twelve (12) months or wi	oll me in the Employer Pull Notice (EPN) prog nen any subsequent conviction, failure to appea against my driving privilege during my emplo	ar, accident, driver's license suspension,
(CVC) Section 1808.1(k). I understand ti	res mandatory enrollment in the EPN progra nat enrollment in the EPN program is in an effo my employer to determine my eligibility as a li	ort to promote driver safety, and that my
EXECUTED AT: CITY	COUNTY	STATE
San Diego	San Diego	CA
DATE	SIGNATURE OF EMPLOYEE	
h Dalamata Di nhaman	f Con Diana Chaha	*****
I, Deborah Richeson AUTHORIZED REPRESENT	of San Diego State	COMPANY NAME
this company, that the information enter requesting driver record information on record is to be used by this employer in t relating to a driving position not mandate unlawful purpose. I understand that if I Code Section 118) and false represent thousand dollars (\$5,000) or by impriso	ry under the laws in the State of California, the red on this document is true and correct, to the the above individual to verify the information the normal course of business and as a legitime do pursuant to CVC Section 1808.1. The information provided false information, I may be sufaction (CVC Section 1808.45). These are proment in the county jail not exceeding one failure to maintain confidentiality is both civilly	ne best of my knowledge and that I am on as provided by said individual. This nate business need to verify information mation received will not be used for any ubject to prosecution for perjury (Penal unishable by a fine not exceeding five year, or both fine and imprisonment. I
EXECUTED AT: CITY	COUNTY	STATE
San Diego	San Diego	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND **RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND**MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.