CHAPMAN
UNIVERSITY

Out-of-State Drivers License
Employer Pull Notice Addition Form

For Official Use Only:
Date Received:

Vehicle Status:

ESV Status:

Department Name: _____ Dept. No.: _____*

Contact Person: _____ Ext.: _____

All employees/students who will be driving Chapman University vehicles or who are regular drivers for Chapman University will be required to complete this form to be considered for approval. All such drivers will thereby be added to the Employer Pull Notice Program, must read the following paragraph and complete an Authorization for Release of Information form to be considered for approval.

By providing the following information and signing your name on the Authorization for Release of Information Form you agree to be placed in the Chapman University Employer Pull Notice Program for the purpose of determining your eligibility for driving privileges and coverage under Chapman University's business automobile insurance policy. Please note, as part of the Pull-Notice Program, Chapman University will be notified by the California Department of Motor Vehicles if the following actions are added to your driving record: Convictions, Failures to Appear, Accidents, DL Suspensions, DL Revocations, and any other actions taken against your driving privilege.

If any of these actions appears on your record, you may not be cleared as a driver or if at any point the university receives notice of one of these actions being added to your driving record, your driving privileges may be revoked depending on which action was added. Should you incur any of these actions, you must contact the Transportation Office within 48 hours. Please note that drivers are required to be 21 years of age or have three years licensed driving experience. By signing this form you acknowledge that as a further condition for securing and maintaining Authorized Driver status, it is your personal responsibility to (1) report any violations to Chapman University and to (2) present and maintain a valid driver's license from your state of legal residence and to comply with licensing and all other aspects of the California Motor Vehicle Code.

Please type or print the following information <u>AND</u> complete the Authorization for Release of Information Form on the back of this paper. Please indicate whether you are seeking authorization to drive a van, an electric service vehicle (ESV) or both.

1) COMPLETE LAST NAME, FIRST, MIDDLE (<u>DO NOT USE INITIALS</u>)			**BIRTH DATE**
(HOME STATE ADDRESS)	**CITY**	**STATE**	**ZIP CODE**
DRIVER LICENSE NO. / **CLASS OF LICENSE**	**SIGNATURE**		
CLEARANCE TO DRIVE A VAN? **Y OR N**	**CLEARANCE TO DRIVE AN ESV **?** **Y OR N**		

There is a processing fee for each driver seeking authorization. Fees vary by state and will be charged to the department number listed on this form. Processing cannot be completed without the department number.
****If you are seeking authorization to drive an ESV, you will also be required to read, sign, and submit a copy of the ESV policy to the Transportation Coordinator.***