

For Official Use Only:

DMV: \_\_\_\_\_

 Online Training: 

 EPN: 

 Notify: 

## Out-of-State Driver's License Employer Pull Notice Addition Form

<b>Department Name:</b>	<b>**Dept. Budget #:</b>
<b>Supervisor Name:</b>	Phone Extension:

*All Out-of-State students who will be driving Chapman University vehicles or who are regular drivers for Chapman University will be required to complete this form along with the online Authorized Driver Request form (<https://webfarm.chapman.edu/AuthorizedDriverForm/Default.aspx>) to be considered for approval. All such drivers that will thereby be added to the Employer Pull Notice Program must read the following paragraph and complete the Authorization for Release of Information form (Page 2) 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, Driver's License Suspensions, Driver's License Revocations and any other actions taken against your driving privilege.

If any of these actions appear on your record, you may not be cleared as a driver. 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 at least 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 (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 Vehicle Code.

***Please type or print the following information AND complete the Authorization for Release of Information Form on the back (page 2) of this form.***

<b>LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS):</b>			<b>BIRTH DATE:</b> / /	
<b>HOME STATE ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>DRIVER'S LICENSE NUMBER:</b>	<b>CLASS OF LICENSE:</b>	<b>SIGNATURE:</b>		

**\*\*There is a processing fee for each Out-of-State driver seeking authorization. Fees vary by state and will be charged to the department number (4 digit department code – 5 digit program code) listed on this form. Processing cannot be completed without the department number.**



A Public Service Agency

## Employer Pull Notice Program Authorization for Release of Driver Record Information

I, \_\_\_\_\_, \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
PRINT FIRST & LAST NAME STATE

hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record to my employer, CHAPMAN UNIVERSITY.  
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation or any other action is taken against my driving privilege during my employment. I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to the California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety and that my driver's license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY ORANGE	COUNTY: ORANGE	STATE: CA
DATE:	SIGNATURE OF EMPLOYEE: X	

I, \_\_\_\_\_, of CHAPMAN UNIVERSITY.  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information that I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY ORANGE	COUNTY: ORANGE	STATE: CA
DATE:	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE: X	

To obtain a driver record on a prospective employee you may submit and INF 1119 form. To add this driver to the EPN program you must submit the applicable forms: INF1100, INF1102, INF1103A form. You may obtain forms at our website at [www.dmv.ca.gov/otherservices](http://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.**