



A Public Service Agency

**EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
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 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 license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE

DATE	SIGNATURE OF EMPLOYEE
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I, _____, of _____
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, 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 COUNTY STATE

DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

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.

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.