



EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

SECTION 1 — DRIVER 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) §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
X

SECTION 2 — AUTHORIZED REPRESENTATIVE CERTIFICATION

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 §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* §118)
and false representation (CVC §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 §§1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

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 dmv.ca.gov/otherservices, or by calling 916-657-6346.

**PLEASE RETAIN AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MAKE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO *NOT* RETURN THIS FORM TO DMV.