

UC MERCED POLICE DEPARTMENT 5200 NORTH LAKE ROAD MERCED, CA 95343

(209) 228-2677 (CAT-COPS) 24 Hrs (209) 228-8273 (BUSINESS HOURS) (209) 228-7866 (FAX)

## UC MERCED DMV EMPLOYER PULL NOTICE REQUEST/VERIFICATION

## **DMV Employer Pull Notice Request**

to be completed by the Supervisor and Driver

Driver Name	river Name DOB		
Supervisor Nam	e/Phone		
D	riving is listed in Driver's Position Description		
F	Frequent / Regular Driver (Driving is <u>not</u> listed in Position Description)		
Ir	nfrequent / One-time Driver		
Employer Pull Nunderstand that	, authorize the UC N lotice results with the supervisor listed above or r t my Employer Pull Notice results may be provide and Parking Services, and as applicable, Human R	ny current supervisor on a continual basis. I d, upon request, to Risk Management,	
Driver Signature		Date	
Incomplete subr	missions will be returned. Please allow up to be been placed by the beautiful process. DMV Pull Notice Versions		
	to be completed by the UC Merce	ed Police Department	
Driver Name	was entered into the DN	/IV Pull Notice Program on	
On	this person's DMV Record indicated	DMV Point Count in months.	
On	results were shared with		
Tamela Adkins, EP	N Program Manager	 Date	



## **EMPLOYER PULL NOTICE PROGRAM**

## AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

,	, California Driver License Number		
nereby authorize the California Departme record, to my employer,	ent of Motor Vehicles (DMV) to disclose or ot	herwise make available, my driving	
	COMPANY NAME		
east once every twelve (12) months or whe	me in the Employer Pull Notice (EPN) prograr on any subsequent conviction, failure to appear, a gainst my driving privilege during my employm	accident, driver's license suspension,	
(CVC) Section 1808.1(k). I understand that driver license report will be released to my	s mandatory enrollment in the EPN program at enrollment in the EPN program is in an effort by employer to determine my eligibility as a licer	to promote driver safety, and that my	
EXECUTED AT: CITY	COUNTY	STATE	
DATE	SIGNATURE OF EMPLOYEE		
, Tamela Adkins AUTHORIZED REPRESENTAT	of University of Cal	ifornia, Merced	
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.			
EXECUTEDAT: CITY	COUNTY	STATE	
Merced	Merced	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.