

# UC MERCED EMPLOYER PULL NOTICE REQUEST/VERIFICATION

Driver: Work with Supervisor/Contact to complete form. Take completed form and valid driver's license to an intake designee for verification. Incomplete submissions will not be accepted. Please allow up to 10 business days for processing California licenses. Out of state licenses are subject to that state's policies and response time. For more information visit [risk.ucmerced.edu/DMV-EPN](http://risk.ucmerced.edu/DMV-EPN)

## Driver Information (Please type or print clearly)

Name as it is on License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

UC Merced Email Address: \_\_\_\_\_

Driver Affiliation  Faculty  Staff  Affiliate  Undergraduate Student  Graduate Student

Department: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Supervisor Name/Phone/Email: \_\_\_\_\_

Other Contact (non-student): \_\_\_\_\_

Driving is listed in Driver's Position Description

**Type** Position ID: \_\_\_\_\_ **Title:** \_\_\_\_\_

**of**  Frequent / Regular Driver (Driving is **not** listed in Position Description)

**Driver**  Infrequent Driver

One-Time Driver (One-time check only\*) Specify Date(s): \_\_\_\_\_

Background Check (One-time check only\*)

\* One-time check only: not included in ongoing Pull Notice Program

I, \_\_\_\_\_, authorize the information obtained through the Employer Pull Notice Program to be shared with my supervisor and contact listed above, indefinitely. I understand the results may be shared with Risk Management, Ethics and Compliance Office, Transportation and Parking Services, and as applicable, Human Resources, Academic Personnel or Student Employee Services. I can revoke this authorization by providing written notice to UC Merced Risk Management.

Driver Signature \_\_\_\_\_

Date \_\_\_\_\_

## Verification to be Completed by Intake Designee

\_\_\_\_\_ was verified as belonging to Driver named above and person submitting form.  
Driver's License Number \_\_\_\_\_

Signature of Designee \_\_\_\_\_ Date Verified \_\_\_\_\_

Print Name \_\_\_\_\_ Department \_\_\_\_\_

**For out of state licenses, please include a copy of the license.**