



all fields (type form).



EMPLOYER PULL NOTICE PROGRAM AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

Completion and submittal of this request is necessary to comply with insurance requirements.

Please Complete PDF -Fill-In Form Handwritten Forms Will Be Returned

COMPLETE TOP SECTION ONLY (A-I). UPON COMPLETION, SEND TO HUMAN RESOURCES, MS #14

(A) Regular Employee Hourly Employee Campus Aide Student Worker Volunteer

(B) I (FULL NAME †As it appears on your d U L Y 0 D Q D J H U)
Last Name, First Name Middle Name

(C) California Driver License Number (Capital Letter and Seven Digits) _____
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available my driving record to my employer, MiraCosta Community College District.
I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at _____ on, 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.

(D) X _____ (E) _____
Signature of Applicant Date

(F) _____ (provide if NOT listed in MCC College Directory)

(G) _____
1 D P H R I 0 D Q D J H U G L Q : R U N G D \

(H) X _____ (I) _____
Signature of 0 D Q D J H U Date

Allow two weeks for a Motor Vehicle Report response from the DMV and for Risk Management review and decision.

I, JUSTIN CRAST, RISK & SAFETY MANAGER, RISK MANAGEMENT, of MiraCosta Community College District, 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: Oceanside, San Diego County, California

Date: _____ Justin Crast _____ Risk & Safety Manager
Signature and Title of Authorized Representative

THIS FORM MUST BE COMPLETED AND 5 (7 \$, 1 (' \$ 7 7 + ((0 3 / 2 < (P R I N C I P A L P L A C E O F B U S I N E S S A N D M A D E A V A I L A B L E U P O N R E Q U E S T T O D M V S T A F F .

DO NOT SEND THIS FORM TO DMV

Addition Sent: _____ Deletion Sent: _____