



# EMPLOYER PULL NOTICE PROGRAM

## ENROLLMENT

*A Public Service Agency*

When submitting your application, please attach a **copy** of your **current Business License** for verification purposes.

For additional information, you can contact us via:

- Web site: [www.dmv.ca.gov](http://www.dmv.ca.gov), we are listed under “Other Services”
- E-mail: [e pn@dmv.ca.gov](mailto:e pn@dmv.ca.gov)
- Phone: 916-657-6346

## FORMS in the INF 1250A Packet

INF 1104      Application For Employer Pull Notice Account

INF 1105      Pull Notice Contract

INF 1100      Commercial Employer Pull Notice Enrollment or Deletion of Drivers

INF 1101      Authorization for Release of Driver Record Information

INF 1102      Commercial Employer Pull Notice Enrollment of Out of State Licensed Drivers

INF 4           Pull Notice Requester Account Notice of Change

DS 524        Employer’s Report of Medical Exam Failure



INFORMATION SERVICES BRANCH

EMPLOYER PULL NOTICE PROGRAM APPLICATION

PLEASE PRINT CLEARLY IN INK OR TYPE

MAIL COMPLETED FORMS TO:

DMV Information Services - EPN
P.O. Box 944231 - MS H-265
Sacramento, CA 94244-2310

DMV USE ONLY

REQUESTER CODE

SECTION A - ACCOUNT INFORMATION

Form with fields: COMPANY NAME, DBA, ATTENTION, EMAIL ADDRESS, TELEPHONE NUMBER, MAILING ADDRESS, CITY, STATE, ZIP CODE, ACCOUNT CONTACT PERSON, STREET ADDRESS (PHYSICAL ADDRESS).

SECTION B - BILLING ADDRESS (Complete only if different from above)

Form with fields: BILLING ACCOUNT CONTACT PERSON(S), TELEPHONE NUMBER, ATTENTION, BILLING ADDRESS, CITY, STATE, ZIP CODE.

SECTION C - LICENSING AND BUSINESS IDENTIFICATION

Instructions: Complete the following on the individual participating in the direction, control or management of the business. Provide federal employer identification number.

Form with fields: NAME (LAST, FIRST, MI), TITLE, DL/ID NUMBER, STATE ISSUED, EXPIRATION DATE, EMAIL ADDRESS, FEDERAL EMPLOYER IDENTIFICATION NUMBER.

SECTION D - ACCOUNT USE AND HISTORY (Answer each question)

Form with questions: 1. STATE YOUR PURPOSE FOR ENROLLMENT (BE SPECIFIC), 2. ARE ALL OF YOUR EMPLOYEES MANDATED TO BE ENROLLED IN THE PULL NOTICE PROGRAM PURSUANT TO VEHICLE CODE SECTION 1808.1(b)?, 3. HAS YOUR COMPANY PREVIOUSLY BEEN ISSUED A REQUESTER CODE?

SECTION E - CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the information contained herein is true and correct to the best of my knowledge and belief. I understand that this information is provided for the lawful conduct of this business and the pursuit of its interest and that any misuse will result in both cancellation of the requester number and refusal of subsequent application for requester number.

Form with fields: SIGNATURE OF AUTHORIZED REPRESENTATIVE (SAME PERSON AS IN SECTION C), PRINT NAME OF AUTHORIZED REPRESENTATIVE.

DMV USE ONLY

Form with fields: APPROVED BY, DATE APPROVED, DATE RECEIVED.

NOTE: If any information submitted on this application changes, you MUST submit a Notice of Change form (INF 4) within 10 days.



# EMPLOYER PULL NOTICE PROGRAM APPLICATION

PLEASE PRINT CLEARLY IN INK OR TYPE

**MAIL COMPLETED FORMS TO:**

DMV Information Services - EPN  
P.O. Box 944231 - MS H-265  
Sacramento, CA 94244-2310

**DMV USE ONLY**

REQUESTER CODE

## SECTION A — ACCOUNT INFORMATION

COMPANY NAME		DBA	
ATTENTION	EMAIL ADDRESS	TELEPHONE NUMBER ( ) EXT.	
MAILING ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT CONTACT PERSON	EMAIL ADDRESS	TELEPHONE NUMBER ( ) EXT.	
STREET ADDRESS (PHYSICAL ADDRESS)	CITY	STATE	ZIP CODE

## SECTION B — BILLING ADDRESS (Complete only if different from above)

BILLING ACCOUNT CONTACT PERSON(S)	TELEPHONE NUMBER ( ) EXT.
ATTENTION:	TELEPHONE NUMBER ( ) EXT.
BILLING ADDRESS	CITY STATE ZIP CODE

## SECTION C — LICENSING AND BUSINESS IDENTIFICATION

**Instructions:** Complete the following on the individual participating in the direction, control or management of the business. Provide federal employer identification number.

NAME (LAST, FIRST, MI)	TITLE	
DL/ID NUMBER	STATE ISSUED	EXPIRATION DATE
EMAIL ADDRESS	FEDERAL EMPLOYER IDENTIFICATION NUMBER	

## SECTION D — ACCOUNT USE AND HISTORY (Answer each question)

1. STATE YOUR PURPOSE FOR ENROLLMENT (BE SPECIFIC)

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2. ARE ALL OF YOUR EMPLOYEES MANDATED TO BE ENROLLED IN THE PULL NOTICE PROGRAM PURSUANT TO VEHICLE CODE SECTION 1808.1(b)?

Yes  
 No (NOTE: Any employee who is not mandated to be enrolled in the pull notice program must have a signed waiver [INF 1101 or similar] on file at the employer's worksite.)

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3. HAS YOUR COMPANY PREVIOUSLY BEEN ISSUED A REQUESTER CODE?

Yes  No If yes, complete the following:

a) Company name(s) in which Requester Code(s) issued: \_\_\_\_\_

b) Requester Code(s) previously issued: \_\_\_\_\_

## SECTION E — CERTIFICATION

**I certify (or declare) under penalty of perjury under the laws of the State of California that the information contained herein is true and correct to the best of my knowledge and belief. I understand that this information is provided for the lawful conduct of this business and the pursuit of its interest and that any misuse will result in both cancellation of the requester number and refusal of subsequent application for requester number.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE (SAME PERSON AS IN SECTION C) <b>X</b>	PRINT NAME OF AUTHORIZED REPRESENTATIVE
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## DMV USE ONLY

APPROVED BY	DATE APPROVED	DATE RECEIVED
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**NOTE:** If any information submitted on this application changes, you **MUST** submit a Notice of Change form (INF 4) within 10 days.



# PULL NOTICE CONTRACT

Requester # \_\_\_\_\_

THIS AGREEMENT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, between the STATE OF CALIFORNIA, acting by and through the DEPARTMENT OF MOTOR VEHICLES, herein called SELLER, and \_\_\_\_\_, herein called BUYER.

BUYER desires to purchase information from SELLER'S record under the terms and conditions and at the rates set forth in the "Employer Pull Notice Program, Information For Enrollment," attached hereto and hereby incorporated and made a part of this contract. SELLER will furnish information in accordance with the terms specified below:

1. SELLER will furnish said information as soon as possible after receipt of request, and will furnish a subsequent report each time a record is updated under the following conditions while the BUYER'S notification request remains valid and uncanceled: abstracts of conviction, failure to appear notices, failure to pay notices, accidents, suspensions, revocations or any other actions taken against the driving privilege or certificate.
2. BUYER will not use any information or portions of information acquired under the provisions of this contract for any purpose other than administering company policies in regard to the driving record requirements of employees. BUYER will not sell, assign or otherwise transfer any of the information or portions of information acquired under the provisions of this contract. For breach of this condition, or if the buyer fails to pay money owed the seller within 45 days of billing, the SELLER may elect to cancel this contract immediately upon notice to the BUYER.
3. All sensitive data, documentation, or other information, which is designated confidential by SELLER and is inadvertently made available to BUYER will be protected by BUYER from unauthorized use and disclosure.
4. BUYER agrees to defend, indemnify and hold harmless SELLER and its officers, agents and employees from any and all claims, actions, damages and losses which may be brought or alleged against SELLER, its officers, agents or employees by reason of the negligent, intentional, improper or unauthorized use or dissemination by BUYER, or its officers, agents or employees of accurate information furnished to BUYER by SELLER under this Agreement.
5. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.
6. This Agreement is not assignable by BUYER either in whole or in part.
7. BUYER and its agents or employees shall act in an independent capacity and not as officers, employees or agents of SELLER.
8. This Agreement is subject to any restrictions, limitations or conditions enacted by the Legislature which may affect the provisions or terms of this Agreement in any manner.
9. Except for the election of SELLER to cease furnishing information or to cancel this contract upon notice as above provided, this contract shall continue until canceled by either party upon at least thirty (30) days written notice to the other.

\_\_\_\_\_  
COMPANY NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED DMV REPRESENTATIVE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE



# PULL NOTICE CONTRACT

Requester # \_\_\_\_\_

THIS AGREEMENT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, between the STATE OF CALIFORNIA, acting by and through the DEPARTMENT OF MOTOR VEHICLES, herein called SELLER, and \_\_\_\_\_, herein called BUYER.

BUYER desires to purchase information from SELLER'S record under the terms and conditions and at the rates set forth in the "Employer Pull Notice Program, Information For Enrollment," attached hereto and hereby incorporated and made a part of this contract. SELLER will furnish information in accordance with the terms specified below:

1. SELLER will furnish said information as soon as possible after receipt of request, and will furnish a subsequent report each time a record is updated under the following conditions while the BUYER'S notification request remains valid and uncanceled: abstracts of conviction, failure to appear notices, failure to pay notices, accidents, suspensions, revocations or any other actions taken against the driving privilege or certificate.
2. BUYER will not use any information or portions of information acquired under the provisions of this contract for any purpose other than administering company policies in regard to the driving record requirements of employees. BUYER will not sell, assign or otherwise transfer any of the information or portions of information acquired under the provisions of this contract. For breach of this condition, or if the buyer fails to pay money owed the seller within 45 days of billing, the SELLER may elect to cancel this contract immediately upon notice to the BUYER.
3. All sensitive data, documentation, or other information, which is designated confidential by SELLER and is inadvertently made available to BUYER will be protected by BUYER from unauthorized use and disclosure.
4. BUYER agrees to defend, indemnify and hold harmless SELLER and its officers, agents and employees from any and all claims, actions, damages and losses which may be brought or alleged against SELLER, its officers, agents or employees by reason of the negligent, intentional, improper or unauthorized use or dissemination by BUYER, or its officers, agents or employees of accurate information furnished to BUYER by SELLER under this Agreement.
5. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.
6. This Agreement is not assignable by BUYER either in whole or in part.
7. BUYER and its agents or employees shall act in an independent capacity and not as officers, employees or agents of SELLER.
8. This Agreement is subject to any restrictions, limitations or conditions enacted by the Legislature which may affect the provisions or terms of this Agreement in any manner.
9. Except for the election of SELLER to cease furnishing information or to cancel this contract upon notice as above provided, this contract shall continue until canceled by either party upon at least thirty (30) days written notice to the other.

\_\_\_\_\_  
COMPANY NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED DMV REPRESENTATIVE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE





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  
**X**

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  
**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](http://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.**





# COMMERCIAL EMPLOYER PULL NOTICE ENROLLMENT OF OUT OF STATE LICENSED DRIVERS

Department of Motor Vehicles  
Office of Information Services  
Employer Pull Notice—H265  
P.O. Box 944231  
Sacramento, CA 94244-2310

**(THIS FORM IS FOR ENROLLING DRIVERS ONLY)**

**Please type or print in ink**

EMPLOYER
CURRENT ADDRESS
CITY STATE ZIP CODE

REQUESTER CODE	DATE
TELEPHONE ( ) Ext.	
CONTACT PERSON'S NAME AND TITLE (FIRST, MI, LAST)	

<b>CLASS LICENSE</b>		
<b>A</b> - Class A	<b>B/P</b> - Class B with passengers (Charter-Party)	<b>C/S</b> - Class C with Special Certificates
<b>B</b> - Class B	<b>C/H</b> - Class C with Hazardous Materials Endorsement	<b>C/P</b> - Class C with PUC permit issued

**PRINT AS SHOWN ON OUT-OF-STATE LICENSE ("REMARKS" FOR YOUR USE (LIMIT TO 21 SPACES))**

<b>1) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

<b>2) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

<b>3) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

<b>4) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

<b>5) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

**TOTAL DRIVERS ADDED** (A \$5 ENROLLMENT FEE FOR EACH DRIVER WILL BE BILLED TO YOUR ABIS ACCOUNT)

I certify under penalty of perjury, under the laws of the State of California, that driver(s) listed above are (1) mandated for enrollment under California Vehicle Code §1808.1. **OR** (2) have signed an "Authorization for Release of driver Record Information" form (INF 1101) or internal document with similar language **AND** are currently in an employer/employee relationship **AND** frequently drive during the course of their employment.

Executed at \_\_\_\_\_, \_\_\_\_\_ COUNTY, \_\_\_\_\_ STATE

Date \_\_\_\_\_ Signature **X** \_\_\_\_\_

Printed name and title \_\_\_\_\_

To obtain additional forms and information please visit our website at: <http://www.dmv.ca.gov/otherservice/epr>



INFORMATION SERVICES BRANCH

**EMPLOYER PULL NOTICE  
CHANGE OF ACCOUNT INFORMATION**

**SUBMIT WITHIN 10 DAYS OF CHANGE**

**SECTION A — CURRENT INFORMATION ON FILE**

COMPANY NAME		REQUESTER CODE NUMBER
DBA		TELEPHONE NUMBER (    )
MAILING ADDRESS		
CONTACT PERSON	ATTENTION (MAIL TO)	
EMAIL ADDRESS		

**SECTION B — REQUESTED CHANGES TO THE EMPLOYER PULL NOTICE ACCOUNT**

**IF YOUR BUSINESS IS UNDER NEW OWNERSHIP, A NEW APPLICATION IS REQUIRED. CALL FOR ADDITIONAL INFORMATION.**

EMAIL ADDRESS		
MAILING ADDRESS		TELEPHONE NUMBER (    )
CONTACT PERSON	ATTENTION (MAIL TO)	

*I understand that this information is provided for the lawful conduct of this business and the pursuit of its interest and that any misuse will result in both cancellation of the requester number and refusal of subsequent application for requester number.*

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

AUTHORIZED PERSON'S SIGNATURE  
**X**

Return completed form to: **DEPARTMENT OF MOTOR VEHICLES**  
Employer Pull Notice Unit  
P. O. Box 944231  
Mail Station H-265  
Sacramento, CA 94244-2310  
(916) 657-6346

**“Upon request, this document can be produced in Braille or large print.”**



