

## DMV Employee Form

**This form is to be completed by employees only. There is a different form for student drivers.**

**Please complete this form if one of the following applies:**

1. You are required to maintain a valid driver's license.
2. You may be driving District vehicles, utility carts, and/or Power Industrial Trucks (i.e. forklift, scissor lift, etc.) as part of your employment and/or class activities.

DMV EMPLOYER PULL NOTICE PROGRAM

## DMV DRIVER RECORD RELEASE

Print Name: \_\_\_\_\_ California Driver License Number: \_\_\_\_\_

Campus or Location: \_\_\_\_\_ Department: \_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_

I hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record to my employer, Los Rios 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 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 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: CA

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

I, Monica Cruz, of Los Rios 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 1801.1. 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: \_\_\_\_\_

Sacramento

Sacramento

CA

DATE

9/10/24

SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

Monica Cruz Risk Management Specialist

*Monica Cruz*