



County of Los Angeles
CHIEF ADMINISTRATIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://cao.co.la.ca.us>

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June 1, 2004

To: Personnel Officers
Department of Motor Vehicle Pull Notice Program Coordinators

From: Steven E. NyBlom, Assistant Division Chief
Loss Control and Prevention Section

**CALIFORNIA DEPARTMENT OF MOTOR VEHICLES GOVERNMENT EMPLOYER
PULL NOTICE PROGRAM – ENROLLMENT OR DELETION OF DRIVERS**

This notification applies to all County of Los Angeles Departments that enroll Class C drivers not mandated to participate in the California Department of Motor Vehicles Governmental Employer Pull Notice program (EPN), whether administered through the Chief Administrative Office (CAO) or directly through the Department. The EPN provides updates on enrolled drivers' motor vehicle records whenever there is a change of license status; including moving violations, driving under the influence, revocation of license and any other change. Drivers with standard Class C licenses without special endorsements, certificates or permits are not mandated to be enrolled.

The "Enrollment or Deletion of Drivers" form (INF 1103) was revised in December 2003; and, now includes a statement that the submitter (the CAO or each Department that administers their own EPN) has obtained a signed "Authorization for Release of Driver Record Information" form (INF 1101), or internal Department document with similar release language, for EPN enrolled drivers not mandated to participate in the EPN under California Vehicle Code 1808.1.

Based on the explicit language on the revised "Enrollment or Deletion of Drivers" form, the CAO has suspended enrolling Class C drivers in the EPN program until the CAO thoroughly reviews the methodology of obtaining the release forms. For those Departments administering their own EPN programs, the CAO advises the Departments to obtain the required release forms before enrolling non-mandated drivers.

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Department of Motor Vehicle Pull Notice Program Coordinators
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Please contact me at (213) 351-5357, or Robert Chavez of my staff at (213) 738-2116, with any questions.

SEN

Attachments

c: Robert Chavez, CAO Risk Management



GOVERNMENT EMPLOYER PULL NOTICE ENROLLMENT OR DELETION OF DRIVERS

Department of Motor Vehicles
Information Services Branch
Employer Pull Notice—MS H265
P.O. Box 944231
Sacramento, CA 94244-2310
(916) 657-6346

Please type or print in ink

ONLY ONE PROCESS PER FORM (✓ *one*)

Addition Deletion

DATE _____

AGENCY NAME _____

REQUESTER CODE _____

CURRENT ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

() Ext. _____

CLASS LICENSE

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

“REMARKS” FOR COMPANY USE (LIMIT TO 21 SPACES)

CALIFORNIA DRIVER LICENSE NUMBER	DRIVER'S NAME	CLASS LICENSE	REMARKS
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____
13) _____	_____	_____	_____
14) _____	_____	_____	_____
15) _____	_____	_____	_____

_____ **TOTAL DRIVERS ADDED**

_____ **TOTAL DRIVERS DELETED**

FOR ADDITIONS ONLY:

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 _____, _____, _____

CITY

COUNTY

STATE

Date _____ Signature **X** _____

Printed name and title _____



A Public Service Agency

EMPLOYEE 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
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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
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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 PRINCIPLE PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO **NOT** RETURN THIS FORM TO DMV.