



Department of Parking and Transportation Services

In this document, you will find step-by-step instructions on how to fill out the Authorization for Release of Driver Record form.

The Employer Pull Notice (EPN) program enables commercial and government organizations to monitor the driving records of employees who drive for them. By monitoring their employees' driving records, organizations can:

- Ensure that each driver has a valid driver's license.
- Recognize problem drivers or driving behavior.
- Improve public safety.
- Minimize liability.

Please note you will only be filling out Section 1 of this form.

Step 1: Please fill this portion with your FULL name- this includes first, middle and last name.



EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

SECTION 1 — DRIVER INFORMATION

I, **Cody Coyote**, California Driver License Number, [REDACTED], hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, **CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO (CSUSB)**.
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) §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
	SAN BERNARDINO	SAN BERNARDINO	CA
DATE	SIGNATURE OF EMPLOYEE		
	X		

Step 2: Enter your drivers license number. A California driver license number is one alpha followed by seven numeric



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EXECUTED AT:	CITY	COUNTY	STATE
SAN BERNARDINO		SAN BERNARDINO	CA
DATE	SIGNATURE OF EMPLOYEE		
	X		



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EXECUTED AT: CITY	COUNTY	STATE
SAN BERNARDINO	SAN BERNARDINO	CA
DATE	SIGNATURE OF EMPLOYEE	
2/28/2023	X	

Step 3: Enter current date. Please note this date should be the date of when the form is being filled out.



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DATE	SIGNATURE OF EMPLOYEE	
2/28/2023	Cody Coyote	

Step 4: Sign here.