



For Official Use Only:
DMV: _____
Online Training: <input type="checkbox"/>
EPN: <input type="checkbox"/>
Notify: <input type="checkbox"/>

Out-of-State Driver's License Employer Pull Notice Addition Form

Department Name:	**Dept. Budget #:
Supervisor Name:	Phone Extension:

All Out-of-State students who will be driving Chapman University vehicles or who are regular drivers for Chapman University will be required to complete this form along with the online Authorized Driver Request form (https://webfarm.chapman.edu/AuthorizedDriverForm/Default.aspx) to be considered for approval. All such drivers that will thereby be added to the Employer Pull Notice Program must read the following paragraph and complete the Authorization for Release of Information form (Page 2) to be considered for approval.

By providing the following information and signing your name on the Authorization for Release of Information Form you agree to be placed in the Chapman University Employer Pull Notice Program for the purpose of determining your eligibility for driving privileges and coverage under Chapman University's business automobile insurance policy. Please note, as part of the Pull-Notice Program, Chapman University will be notified by the California Department of Motor Vehicles if the following actions are added to your driving record: Convictions, Failures to Appear, Accidents, Driver's License Suspensions, Driver's License Revocations and any other actions taken against your driving privilege.

If any of these actions appear on your record, you may not be cleared as a driver. If at any point the university receives notice of one of these actions being added to your driving record, your driving privileges may be revoked depending on which action was added. Should you incur any of these actions, you must contact the Transportation Office within 48 hours. Please note that drivers are required to be at least 21 years of age or have three years licensed driving experience.

By signing this form you acknowledge that as a further condition for securing and maintaining Authorized Driver status, it is your personal responsibility to (1) report any violations to Chapman University and (2) present and maintain a valid driver's license from your state of legal residence and to comply with licensing and all other aspects of the California Vehicle Code.

Please type or print the following information AND complete the Authorization for Release of Information Form on the back (page 2) of this form.

LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS):			BIRTH DATE: / /	
HOME STATE ADDRESS:	CITY:	STATE:	ZIP CODE:	
DRIVER'S LICENSE NUMBER:	CLASS OF LICENSE:	SIGNATURE:		

**There is a processing fee for each Out-of-State driver seeking authorization. Fees vary by state and will be charged to the department number (4 digit department code - 5 digit program code) listed on this form. Processing cannot be completed without the department number.

**Attachment F
Washington Release of Interest**

Employee/Prospective Employee/Volunteer Organization

SambaSafety, Inc. is acting as an agent on behalf of _____ who is acting as an agent on our behalf to obtain the abstract of driver records of the individual named below for employment purposes.

This is an authorization of:

1. Employee for release of abstract of driving record for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee for release of abstract of driving record for employment purposes, not to exceed thirty (30) days from date signed; or
3. Volunteer for the release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, _____ am an employee, prospective employee, or volunteer of the company named below and I request DOL release a copy of my official Driving Record in the state of Washington to my employer, prospective employer, or volunteer organization or their agent

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

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Employee / Prospective Employee / Volunteer Full Name

WA Driver's License Number or Date of Birth

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Employee / Prospective Employee / Signature

Date Signed

The Company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the Director of DOL and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Release of Interest"; any defects in any of Subscriber's procedures followed or omitted or arising from failure of Subscriber or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this Contract; or arising in any manner from any negligent act or omission by Subscriber or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. That the information contained in the driving record obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for employment or volunteer purposes.

I affirm that I am a representative authorized to bind Company named below

CHAPMAN UNIVERSITY

Company Name

1 UNIVERSITY DRIVE, ORANGE, CA 92866

Address

SHERYL BOYD	ASST. DIR. OF PARKING & TRANSPORTATION
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Authorized Representative Name

Title

Date and Place Signed

Authorized Representative Signature

NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.