

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

| For Official Use Only: | : |
|------------------------|---|
| DMV: | _ |
| Online Training: | |
| EPN: | |
| Notify: | |

| Department Name: | **De | pt. 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 <u>AND</u> complete the Authorization for Release of Information Form on the back (page 2) of this form.

| LAST NAME, FIRST, MIDDLE (DO NOT USE INI | TIALS): | | | | 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.



Employer Pull Notice Program Authorization for Release of Driver Record Information

| 1/ | , Driver's License Number | |
|--|--|---|
| | state t of Motor Vehicles (DMV) to disclose or otherwis CHAPMAN UNIVERSITY | e make available, my driving |
| I understand that my employer may enroll r least once every twelve (12) months or who suspension, revocation or any other action capacity that requires mandatory enrollmer 1808.1(k). I understand that enrollment in the | me in the Employer Pull Notice (EPN) program to en any subsequent conviction, failure to appear, a is taken against my driving privilege during my e at in the EPN program pursuant to the California value the EPN program is in an effort to promote driver yer to determine my eligibility as a licensed drive | accident, driver's license mployment. I am not driving in a Vehicle Code (CVC) Section safety and that my driver's |
| EXECUTED AT: CITY ORANGE | COUNTY: ORANGE | STATE: CA |
| DATE: | SIGNATURE OF EMPLOYEE: | |
| I . | OT CHAPM | AN HNIVERSHY |
| this company, that the information entered requesting driver record information on the record is to be used by this employer in the information relating to a driving position not used for any unlawful purpose. I understand perjury (Penal Code Section 118) and false exceeding five thousand dollars (\$5,000) or | nder the laws in the State of California, that I am on this document is true and correct to the best of above individual to verify the information as prove normal course of business and as a legitimate be mandated pursuant to CVC Section 1808.1. The did that if I have provided false information that I may representation (CVC Section 1808.45). These are by imprisonment in the county jail not exceeding the gentlement of the maintain confidentiality is better the second section 1808.45. | of my knowledge and that I am ided by said individual. This usiness need to verify information received will not be ay be subject to prosecution for re punishable by a fine not gone year or both fine and |
| do hereby certify under penalty of perjury under this company, that the information entered requesting driver record information on the record is to be used by this employer in the information relating to a driving position not used for any unlawful purpose. I understangerjury (Penal Code Section 118) and false exceeding five thousand dollars (\$5,000) or imprisonment. I understand and acknowled | nder the laws in the State of California, that I am on this document is true and correct to the best of above individual to verify the information as prove normal course of business and as a legitimate be mandated pursuant to CVC Section 1808.1. The did that if I have provided false information that I may representation (CVC Section 1808.45). These are by imprisonment in the county jail not exceeding the gentlement of the maintain confidentiality is better the second section 1808.45. | MPANY NAME an authorized representative of an authorized representative of an authorized representative of my knowledge and that I am ided by said individual. This usiness need to verify a information received will not be ay be subject to prosecution for re punishable by a fine not gone year or both fine and |

To obtain a driver record on a prospective employee you may submit and INF 1119 form. To add this driver to the EPN program you must submit the applicable forms: INF1100, INF1102, INF1103A 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 PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.

Attachment F

Washington Release of Interest

| Employee/Prospective Employee/Volunteer Organization SambaSafety, Inc. is acting as an agent on behalf of the abstract of driver records of the individual named below for | who is acting as an agent on our behalf to obtair or employment purposes. |
|---|---|
| from date signed; or 3. Volunteer for the release of my driving record for a posi volunteer organization. I, am an employee, prosp | record for employment purposes, not to exceed thirty (30) days ton applied for that requires me driving at the direction of the pective employee, or volunteer of the company named below |
| and I request DOL release a copy of my official Driving Record employer, or volunteer organization or their agent | in the state of Washington to my employer, prospective |
| No employer, prospective employer, or their agent may use inf juvenile record of an employee or prospective employee for an prospective employee must furnish a copy of the court order se employer, or their agent. | y purpose unless required by federal law. The employee or |
| | |
| Employee / Prospective Employee / Volunteer Full Name | WA Driver's License Number or Dateof Birth |
| | |
| (DOL), the Director of DOL and all DOL employees from any a demands or loss of any nature, including but not limited to all c disclosure of individual names or addresses under this "Releas followed or omitted or arising from failure of Subscriber or its any of its obligations under this Contract; or arising in any mar officers, employees, customers, contractors, or agents. | costs and attorney's fees, arising from any incorrect or improper te of Interest"; any defects in any of Subscriber's procedures officers, employees, customers, contractors or agents to fulfill |
| I hereby certify: The company named below is an employer, prospective individual. That the information contained in the driving record obta | nined from DOL shall be used in accordance with the W 46.52.130. No information contained therein will be divulged. |
| 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 |
| Authorized Representative Name | Title |

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.

Date and Place Signed

Authorized Representative Signature