



CHAPMAN UNIVERSITY

Out-of-State Drivers License Employer Pull Notice Addition Form

For Official Use Only: Date Received:
Vehicle Status:
ESV Status:

Department Name: _____	Dept. No.: _____*
Contact Person: _____	Ext.: _____

All employees/students who will be driving Chapman University vehicles or who are regular drivers for Chapman University will be required to complete this form to be considered for approval. All such drivers will thereby be added to the Employer Pull Notice Program, must read the following paragraph and complete an Authorization for Release of Information form 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, DL Suspensions, DL Revocations, and any other actions taken against your driving privilege.

If any of these actions appears on your record, you may not be cleared as a driver or 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 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 to (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 Motor Vehicle Code.

Please type or print the following information AND complete the Authorization for Release of Information Form on the back of this paper. Please indicate whether you are seeking authorization to drive a van, an electric service vehicle (ESV) or both.

1) COMPLETE LAST NAME, FIRST, MIDDLE (<u>DO NOT USE INITIALS</u>)			BIRTH DATE
(HOME STATE ADDRESS)		CITY	STATE ZIP CODE
DRIVER LICENSE NO.	CLASS OF LICENSE	SIGNATURE	
CLEARANCE TO DRIVE A VAN? Y OR N		CLEARANCE TO DRIVE AN ESV ***? Y OR N	

**There is a processing fee for each driver seeking authorization. Fees vary by state and will be charged to the department number listed on this form. Processing cannot be completed without the department number.
**If you are seeking authorization to drive an ESV, you will also be required to read, sign, and submit a copy of the ESV policy to the Transportation Coordinator.*



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

**AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, Chapman University
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.

<small>EXECUTED AT: CITY</small> Orange	<small>COUNTY</small> Orange	<small>STATE</small> CA
<small>DATE</small>	<small>SIGNATURE OF EMPLOYEE</small> X	

I, _____, of Chapman University
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.

<small>EXECUTED AT: CITY</small> Orange	<small>COUNTY</small> County	<small>STATE</small> CA
<small>DATE</small>	<small>SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE</small> X	

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 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 _____ 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.

Employee / Prospective Employee / Volunteer Full Name	WA Driver's License Number or Date of Birth
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

Company Name	
Address	
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.

