



EMPLOYER PULL NOTICE CHANGE OF ACCOUNT INFORMATION (INF 4) INSTRUCTIONS

All Employer Pull Notice (EPN) applicants who wish to make changes to their EPN account information must complete this form to avoid processing delays. An original signature is required from the Authorized Representative. The form must be completed clearly in ink, by typewriter, or online then printed, and mailed to the address below. This form is to be completed when changing the address, adding or deleting a "Doing Business As" (DBA) name, changing the contact/attention person(s), or changing/correcting the company name. Select all boxes that apply for the requested change.

If you want your Automated Billing Information Services (ABIS) account billing address and contact information updated with the changes on this form, mark the "yes" box. Unless noted otherwise, your ABIS Account will have the same information that was provided on your EPN account upon enrollment. In order to update the ABIS information with your current and corrected information, you must indicate all updates on this form. Failure to accurately maintain both the EPN account information and the ABIS account information could result in closure of both accounts.

SECTION 1 — CURRENT INFORMATION ON THE EPN ACCOUNT (ALL FIELDS MUST BE COMPLETE)

- **Company Legal Name/Agency Name/Sole Proprietor Name:** List the legal name of the company, agency name, or sole proprietor.
- **Requester Code:** Provide the assigned EPN Requester Code issued to your company or agency.
Note: EPN Requester Codes are located on the Approval letter, and on the Driver Record Report (DL 414).
- **Doing Business As (DBA):** List the trade name or fictitious business name used in your operation.
- **Telephone Number:** Provide the business telephone number.
- **Mailing Address:** Provide the company's/agency's full mailing address with city, state, and zip code, on file with EPN.
- **Contact Person(s):** Person(s) within your company/agency who can contact EPN regarding the EPN account.
- **Attention to Person:** Person or department within your company/agency who will be receiving Driver Record Reports, invoices and correspondence.
- **Email:** Provide the email for the company/agency. (Maximum 35 characters)

SECTION 2 — REQUESTED CHANGES TO THE EMPLOYER PULL NOTICE ACCOUNT

COMPLETE ONLY THE ITEMS THAT ARE CHANGING

Note: Information entered into this section will supersede information currently on the EPN account; it will not be added in addition to the information. Please provide all information to be reflected on the EPN account. If you are adding an additional contact to the account, you must list all contacts that will be able to call EPN and receive information on the account. Only the listed persons will be able to contact EPN regarding the account.

- **Company Legal Name/Agency Name/Sole Proprietor Name:** List the changed or corrected legal name of the company/agency, or sole proprietor. (Maximum 35 characters)
- **Doing Business As (DBA):** List the changed or corrected Trade Name or Fictitious Business Name used in your operation. (Maximum 35 characters)
- **Telephone Number:** Provide the business telephone number, if changed.
- **Mailing Address:** Provide the company's/agency's full mailing address with city, state, and zip code, if changed.
- **Contact Person(s):** Person(s) within your company/agency who can contact EPN regarding the EPN account, if changed or added.
Note: List all persons within your company/agency that will be able to contact EPN on behalf of your company/agency, including the authorized representative signing for the account.
- **Attention to Person:** The person or department within your company/agency who will be receiving, driver license print-outs, invoices and correspondence, if changed or added.
- **Email:** Provide the email for the company/agency, if changed. (Maximum 35 characters)

SECTION 3 — CERTIFICATION (ORIGINAL SIGNATURE REQUIRED)

CHECK BOX IF THE AUTHORIZED REPRESENTATIVE FOR THE COMPANY/AGENCY IS CHANGING

- **Printed Name:** The printed name of the Authorized Representative signing the form, must be the individual within the company/agency who is responsible for managing the EPN account.
- **Original Signature Required:** This section must be signed by the Authorized Representative.
- **Date:** Provide date the Change Form is being signed.

Please allow up to 30 days from the date the change form is received in the unit for processing time. You will not receive confirmation of the change once complete. Please wait thirty (30) days before calling the EPN unit regarding the requested change.

Keep a copy of the completed form for your records.

Please mail the completed form with original signature to:

Mailing Address:

Department of Motor Vehicles
EPN Program - H265
P.O. Box 944231
Sacramento, CA 94244-2310

Overnight Address:

Department of Motor Vehicles
EPN Program - H265
2415 First Avenue
Sacramento, CA 95818

Note: DMV does not permit the use of unauthorized third party persons to receive confidential information. Please see list of authorized EPN Agents at: ***www.dmv.ca.gov***



EMPLOYER PULL NOTICE CHANGE OF ACCOUNT INFORMATION

SUBMIT WITHIN 10 DAYS OF CHANGE

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

This form is to be completed for a change of address, change of contact or attention to persons, adding or deleting a "Doing Business As" (DBA) name, or a change/correction of company name only. If your business entity (i.e., individual, partnership, corporation, limited liability) has changed, you must apply for a new EPN account. If your current account is no longer needed, you must close it and pay any outstanding fees. In order to apply for a new account you must submit an INF 1104 EPN application and enroll at least one driver to your account. A \$5 enrollment fee for each driver is due upon enrollment.

<input type="checkbox"/> Change Company/Agency Name	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Adding/Deleting DBA	<input type="checkbox"/> Change Contact/Attention Info
Update ABIS Billing Information		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 1 — CURRENT INFORMATION ON EPN ACCOUNT (ALL FIELDS MUST BE COMPLETED)

COMPANY LEGAL NAME/AGENCY NAME/SOLE PROPRIETOR NAME (MAX 35 CHARACTERS)		REQUESTER CODE
DOING BUSINESS AS (DBA) (MAX 35 CHARACTERS)		TELEPHONE NUMBER ()
MAILING ADDRESS	CITY	STATE ZIP CODE
CONTACT PERSON(S)	ATTENTION (MAIL TO)	
EMAIL (MAX 35 CHARACTERS)		

SECTION 2 — REQUESTED CHANGES TO THE EMPLOYER PULL NOTICE ACCOUNT

COMPLETE ONLY THE ITEMS THAT ARE CHANGING

COMPANY LEGAL NAME/AGENCY NAME/SOLE PROPRIETOR NAME (MAX 35 CHARACTERS)	
DOING BUSINESS AS (DBA) (MAX 35 CHARACTERS)	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY STATE ZIP CODE
CONTACT PERSON(S)	ATTENTION (MAIL TO)
EMAIL (MAX 35 CHARACTERS)	

SECTION 3 — CERTIFICATION (ORIGINAL SIGNATURE REQUIRED) AUTHORIZED REPRESENTATIVE CHANGED

I certify (or declare) under penalty of perjury under the laws of the State of California that the information contained herein is true and correct to the best of my knowledge and belief. I understand that this information is provided for the lawful conduct of this business and any misuse may result in cancellation of the EPN account.

PRINT NAME AND TITLE	
SIGNATURE OF AUTHORIZED REPRESENTATIVE X	DATE

If you have any questions, call (916) 657-6346.

Return the completed form with original signature to:

Mailing Address:
 Department of Motor Vehicles
 EPN Program - H265
 P.O. Box 944231
 Sacramento, CA 94244-2310

Overnight Address:
 Department of Motor Vehicles
 EPN Program - H265
 2415 First Avenue
 Sacramento, CA 95818