# COMMERCIAL OR GOVERNMENT EMPLOYER PULL NOTICE ENROLLMENT OF OUT-OF-STATE LICENSED DRIVERS (INF 1102) INSTRUCTIONS

All Employer Pull Notice (EPN) applicants must complete this enrollment form in its entirety to avoid processing delays, and pay the required $5 fee for each enrolled driver on a Commercial EPN account. Checks must be made out to the California Department of Motor Vehicles (DMV) and submitted with this enrollment form. An original signature is required from the Authorized Representative. This form is to be used solely for the purpose of enrolling drivers with an out-of-state license into the EPN program. A copy of the out-of-state driver license must be attached for all enrollments. The enrollment form must be completed clearly in ink, by typewriter, or online then printed, and mailed to the address below.

***Any changes made to the EPN account (e.g. mailing address or contact information) must be submitted to EPN on a Notice of Change form (INF 4).***

## SECTION 1 — EMPLOYER INFORMATION

- **Company Legal Name/Agency Name/Sole Proprietor Name:** List the legal name of the company, agency name, or sole proprietor.
- **Requester Code:** Provide assigned EPN Requester Code issued by the DMV (if no Requester Code assigned yet leave blank). Incorrect Requester Codes will cause rejection of the enrollment form.
- **Mailing Address:** Provide the agency/company's full mailing address with city, state, and zip code on the EPN account.
- **Contact Person(s):** Person(s) within the company/agency who can contact EPN regarding the company's EPN account.
- **Telephone Number:** Provide the business telephone number.

## SECTION 2 — DRIVER INFORMATION *(UP TO 4 DRIVERS MAY BE ADDED PER FORM)*

- **Full Legal Name:** Provide the driver's complete legal name (last, first, and middle name) as it appears on their DL. (Do not use initials. If no middle name you must enter "NMN".)
- **Date of Birth:** Month, day, and year driver was born. (e.g. 01/12/1962)
- **Home State Address:** Driver's home state address, including city, state and zip code. (Must not be a CA address)
- **Out-of-State Driver License Number:** Provide the complete DL Number issued to the driver from their home state. **Note:** If the driver has a previously issued CA DL Number, or "X" number, please complete INF 1100 form.
- **Issuing State:** Provide the state where the out-of-state DL was issued.
- **Remarks:** Optional field for employers to add information to the Driver Record Report (DL 414), for example: terminal site, vehicle plate/VIN, employee identification number, or out-of-state DL Number.
  **Note:** Driver's name, DOB, or Social Security Numbers will not be keyed. (Maximum 21 characters)
- **$5 Due for Each New Driver Enrolled on a Commercial EPN Account:** Attach a check or money order to the form. Checks must be made out to the CA DMV.
  **Note:** All subsequent invoices for this account will be sent to the company billing address on file with the Automated Billing Information Services (ABIS) unit. If you have any questions, please call (916) 657-6346.

## SECTION 3 — CERTIFICATION *(ORIGINAL SIGNATURE REQUIRED)*

- **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 enrollment form is being signed.

A Driver Record Report (DL 414) will be generated and mailed to the employer within ten (10) business days from the date of enrollment for newly enrolled drivers, and upon action/activity or annually for currently enrolled drivers. An employer may also request a copy of a driver record for a prospective hire or casual driver by submitting a Request for Driver License/Identification Card Status and Record Information (INF 1119). There is a $5 fee for each Commercial EPN Account driver request. This request must be submitted to the California Department of Motor Vehicles, Information Release Unit, MS G199 P.O. Box 944247, Sacramento, CA 94244. Original signature is required. For additional information regarding alternative available options for requesting printouts (e.g. Service Providers or Electronic Secure File Transfer) please call the EPN unit (916) 657-6346.

## SECTION 3 — CERTIFICATION (*ORIGINAL SIGNATURE REQUIRED*) *Continued*

**Note:** It is the employer's responsibility to delete enrolled drivers immediately upon termination of employment. DMV information may not be shared, and must be used in accordance with *California Vehicle Code* §1808.1. Business entities are responsible for destroying DMV record information containing personal information, such as name, driver license or identification number, or physical characteristics, etc. no longer required for their business purposes by shredding, erasing, or modifying the personal information to make it unreadable or undecipherable as provided in *Civil Code* §§1798.80, 1798.81, and 1798.82.

***For processing time, please allow up to 30 days from the date the application is received in the unit. Keep a copy of the completed form for your records.***

***Please mail the completed form(s) with original signature and related fees 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

STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

# COMMERCIAL OR GOVERNMENT EMPLOYER PULL NOTICE ENROLLMENT OF OUT-OF-STATE LICENSED DRIVERS

***(FOR ENROLLMENTS ONLY)***

Department of Motor Vehicles
Office of Information Services
Employer Pull Notice-H265
P.O. Box 944231
Sacramento, CA 94244-2310

***PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.***

***Instructions: Please type or print in ink. Form will not be processed if incomplete or missing information. Any changes made to the EPN account (e.g. mailing address or contact information) must be submitted to EPN on a Notice of Change form (INF 4).***

***NOTE: COPY OF OUT-OF-STATE DRIVER LICENSE MUST BE ATTACHED FOR ALL ENROLLMENTS TO ENSURE ACCURATE PROCESSING.***

## SECTION 1 — EMPLOYER INFORMATION

| COMPANY LEGAL NAME / AGENCY NAME / SOLE PROPRIETOR NAME | | | REQUESTER CODE |
|---|---|---|---|
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
| CONTACT PERSON *(NAME AND TITLE)* | | TELEPHONE ( ) | EXT |

## SECTION 2 — DRIVER INFORMATION *(PRINT AS SHOWN ON OUT-OF-STATE LICENSE)*

| 1. FULL LEGAL NAME – LAST, FIRST, MIDDLE *(IF NO MIDDLE NAME ENTER "NMN")* | | | DATE OF BIRTH |
|---|---|---|---|
| HOME STATE ADDRESS | CITY | STATE | ZIP CODE |
| OUT-OF-STATE DRIVER LICENSE NUMBER | ISSUING STATE | OPTIONAL REMARKS *(MAXIMUM 21 CHARACTERS)* | |

| 2. FULL LEGAL NAME – LAST, FIRST, MIDDLE *(IF NO MIDDLE NAME ENTER "NMN")* | | | DATE OF BIRTH |
|---|---|---|---|
| HOME STATE ADDRESS | CITY | STATE | ZIP CODE |
| OUT-OF-STATE DRIVER LICENSE NUMBER | ISSUING STATE | OPTIONAL REMARKS *(MAXIMUM 21 CHARACTERS)* | |

| 3. FULL LEGAL NAME – LAST, FIRST, MIDDLE *(IF NO MIDDLE NAME ENTER "NMN")* | | | DATE OF BIRTH |
|---|---|---|---|
| HOME STATE ADDRESS | CITY | STATE | ZIP CODE |
| OUT-OF-STATE DRIVER LICENSE NUMBER | ISSUING STATE | OPTIONAL REMARKS *(MAXIMUM 21 CHARACTERS)* | |

| 4. FULL LEGAL NAME – LAST, FIRST, MIDDLE *(IF NO MIDDLE NAME ENTER "NMN")* | | | DATE OF BIRTH |
|---|---|---|---|
| HOME STATE ADDRESS | CITY | STATE | ZIP CODE |
| OUT-OF-STATE DRIVER LICENSE NUMBER | ISSUING STATE | OPTIONAL REMARKS *(MAXIMUM 21 CHARACTERS)* | |

***$5 ENROLLMENT FEE DUE FOR EACH DRIVER ENROLLED ON A COMMERCIAL EPN ACCOUNT***

## SECTION 3 — CERTIFICATION *(ORIGINAL SIGNATURE REQUIRED)*

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. The driver(s) listed above are (1) mandated for enrollment under California Vehicle Code §1808.1. OR (2) have signed an Authorization for Release of Driver Record Information form (INF 1101).**

PRINT NAME AND TITLE

| SIGNATURE | DATE |
|---|---|
| **X** | |

*To obtain additional forms and information please visit our website at:* ***www.dmv.ca.gov***



Print Clear Form