



EMPLOYER TESTING PROGRAM (ETP)
Administrator Training
Self - Certification

I, _____ ,
Printed name of the designated ETP Administrator

certify under penalty of perjury under the laws of the State of California, I have received the ETP Administrator Manual issued by the California Department of Motor Vehicles and understand that my role and duties as an ETP administrator for the organization named below require that I have read and understand the information therein.

_____ Printed name of the Company	_____ Assigned Employer Number
_____ Administrator's Signature	_____ Date Signed

This certification must be completed and e-mailed to DMV's ETP Unit at ***DMVLODOLETP@dmv.ca.gov*** within 30 days of receiving the ETP Administrator Manual. Scanned forms must be legible. Electronic signatures are acceptable.