



**EMPLOYER TESTING PROGRAM
REQUEST FOR REINSTATEMENT
EMPLOYER NUMBER**

FOR DMV USE ONLY	
APPLICATION APPROVED	EFFECTIVE DATE
APPROVED BY	DATE

I am requesting reinstatement of my Employer Number. I have corrected all of the deficiencies that were identified during DMV's review of records and my driver testing practices, and have mailed the correction letter to the DMV Intrastate Audit Section on _____.
DATE

EMPLOYER'S NAME	EMPLOYER NUMBER		
EMPLOYER'S MAILING ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP CODE
ADMINISTRATOR'S PRINTED NAME	WORK PHONE NUMBER ()		
ADMINISTRATOR'S SIGNATURE	DATE		

DL 813 ETP (NEW 11/2001) WWW



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