

DUI Provider Program Forms – Forms Management

STATE OF CALIFORNIA
DMV
DRIVING
CHANGE...
DEPARTMENT OF MOTOR VEHICLES

State of California
Department of Motor Vehicles

UAT v17813 [DUI Home](#)

[Help](#) [FAQ](#) [Logout](#)

Forms Management

Forms Management

You are a registered user of the DUI Provider Program Forms System. Unauthorized access or misuse of data may result in adverse action and/or criminal prosecution. All activity is subject to monitoring.

Forms Management

- Enrollment
- Completion
- Non-Compliance
- Retrieve Form(s)

Reports

Provider Management

User Management

Copyright © 2019 State of California

After selecting Forms Management, the folder should expand to show you the following links:

1. **Enrollment** – This link will allow you to create a Proof of Enrollment Certificate (DL107).
2. **Completion** – This link will allow you to create a Notice of Completion Certificate (DL101).
3. **Non-Compliance** - This link will allow you to create a Notice of Non-Compliance Form (DL101A).
4. **Retrieve a Form** – This link will allow you to retrieve any forms that a Provider has submitted.
Note: A Provider may only retrieve a form submitted by their organization.

DUI Provider Program Forms – Forms Management (Proof of Enrollment Certificate- Participant Information)

Wednesday, September 15, 2021



State of California
Department of Motor Vehicles

UAT v17613 [DUI Home](#) [Help](#) [FAQ](#) [Logout](#)

Forms Management

- Enrollment
- Completion
- Non-Compliance
- Retrieve Form(s)
- Reports
- Provider Management
- User Management

Proof of Enrollment Certificate (DL107)

* Required Fields

Participant Information

* Driver License Number :

* Last Name :

First Name :

Middle Name :

Name Suffix : (e.g. Sr, Jr, IV, etc.)

* Birth Date : / / (mm/dd/yyyy)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Phone Number : () -

The Proof of Enrollment Certificate includes sections for Participant Information, Enrollment Information, Program Information, and Agreements.

Enter the Participant Information into the Proof of Enrollment Certificate. The required fields are designated with an asterisk.

- Enter the Participant's Driver License Number
 - Driver License must contain 8 characters and the first character cannot be an I, L, O, Q or T.
- Enter the Participant's Last Name.

When you submit the Proof of Enrollment Certificate the system will validate that the Driver License Number and the first three digits of the Last Name match.

 - The Last Name must be alpha characters.
 - The Last Name can contain special characters (Spaces, hyphens, apostrophes, and periods).
- Enter the Participant's First Name.
 - The First Name must be alpha characters and can contain special characters (Spaces, hyphens, apostrophes, and periods).
- Enter the Participant's Middle Name.
 - The Middle Name must be alpha characters and can contain special characters (Spaces, hyphens, apostrophes, and periods).
- Enter the Participant's Name Suffix, it cannot contain special characters.



State of California
Department of Motor Vehicles

UAT v17613 DUI Home [Help](#) [FAQ](#) [Logout](#)

- Forms Management
 - Enrollment
 - Completion
 - Non-Compliance
 - Retrieve Form(s)
- Reports
- Provider Management
- User Management

Proof of Enrollment Certificate (DL107)

* Required Fields

Participant Information

* Driver License Number :

* Last Name :

First Name :

Middle Name :

Name Suffix : (e.g. Sr, Jr, IV, etc.)

* Birth Date : / / (mm/dd/yyyy)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Phone Number : () -

Participant Information continued:

6. Enter the Participant's Birth Date.
 - a. Birth date cannot be for someone ten years or younger.
 - b. Birth date cannot be a future date.
 - c. Birth date must be numeric.
7. Enter the Participant's Street Address.
8. Enter the Participant's City.
9. Enter the Participant's State or Province.
 - a. State cannot contain a numeric or special characters.
10. Enter the Participant's Postal Code.
 - a. If Postal Code is for California it cannot contain alpha or special characters.
11. Enter the Participant's Phone Number.
 - a. Phone number must be 10 characters.
 - b. Phone Number cannot contain alpha or special characters.

DUI Provider Program Forms – Forms Management (Proof of Enrollment Certificate-Enrollment Information)

- Reports
- Provider Management
- User Management

First Name :

Middle Name :

Name Suffix : (e.g. Sr, Jr, IV, etc.)

* Birth Date : / / (mm/dd/yyyy)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Phone Number : -

Enrollment Information

* Violation Date : / / (mm/dd/yyyy)

* Program Length :

Restriction Length :

* Date of Enrollment or Re-Enrollment : / / (mm/dd/yyyy)

Court Code :

Docket Number :

Program Information

Program Name : Test Provider

ADP License Number : 5699992123

Address : 2415 First Ave

City : Sacramento

State : CA

Postal Code : 95818

Enter the Enrollment Information into the Proof of Enrollment Certificate. The required fields are designated with an asterisk.

1. Enter a Violation Date.
 - a. Violation Date must be before Enrollment Date.
2. Select a Program Length.

The last three digits of your ADP License Number determine what Program Lengths you will have the ability to select from.
3. Select a Restriction Length.
4. Enter Date of Enrollment or Re-Enrollment.
 - a. Date of Enrollment or Re-Enrollment must be after Violation Date.
 - b. Date of Enrollment cannot be the same as or prior to 06/30/1999.
5. Enter a Court Code.
 - a. The Court Code's first two digits must be between 01 and 58.
 - b. The Court Code must be numeric.
6. Enter a Docket Number.

DUI Provider Program Forms – Forms Management (Proof of Enrollment Certificate-Program Information and Agreements)

* State or Province :

* Zip Code :

Phone Number : () -

Enrollment Information

* Violation Date : / / (mm/dd/yyyy)

* Program Length :

Restriction Length :

* Date of Enrollment or Re-Enrollment : / / (mm/dd/yyyy)

Court Code :

Docket Number :

Program Information

Program Name : Test Provider
 ADP License Number : 5699992123
 Address : 2415 First Ave
 City : Sacramento
 State : CA
 Postal Code : 95818
 Phone Number : (916) 657-0000
 Authorized Representative : Virginia Vu

Agreements

Submission Agreement- I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

☐ I have read and agree to the Agreement stated above.

The Program Information and Agreements sections are the last sections that must be completed prior to the submission of a form.

1. Program Information – Validate that the Program Information is correct. This information is created by DADP based on the latest information they have concerning the Provider.
 - a. Program Name – Displays the Provider Business Name and not the Legal Name.
 - b. ADP License Number – Displays the license number assigned to the Provider by DADP.
 - c. Address – Displays the Business Location Address.
 - d. City – Displays the Business Location City.
 - e. State – Displays the Business Location State.
 - f. Zip Code – Displays the Business Location Zip Code.
 - g. Phone Number – Displays the Business Phone Number.
 - h. Authorized Representative – Displays the First and Last Name of the User.
2. Agreements - Check the Box in the Agreements section, which reads, I have read and agree to the two Agreements stated above.
3. Now select the “Next” button.

DUI Provider Program Forms – Forms Management (Proof of Enrollment Certificate-Preview)

- Forms Management
- Enrollment
- Completion
- Non-Compliance
- Retrieve Form(s)
- Reports
- Provider Management
- User Management

Preview

Proof of Enrollment Certificate (DL107)

This is a preview of the form. Please make any necessary corrections before submitting.

Participant Information

* Driver License Number : 10000001
 * Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO
 * State or Province : CA
 Phone Number : (916) 657-6200

Enrollment Information

* Program Length : 03M
 Restriction Length :
 * Date of Enrollment or Re-Enrollment : 07/01/2018
 * Violation Date : 06/06/2018
 Court Code : 24450
 Docket Number : TEST1

Program Information

Program Name : Test Provider
 ADP License Number : 5699992123
 Address : 2415 First Ave
 City : Sacramento
 State : CA
 Postal Code : 95818
 Phone Number : (916) 657-0000
 Authorized Representative : Virginia Vu

Unique ID#:
 This Proof of Enrollment Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

Copyright © 2019 State of California

Selecting Next will show you a preview of the data entered into the form, which overlays the current DUI Provider Program Forms window. At this point, the form has not been submitted until you select the submit button on the DUI Provider Program Forms System.

Perform the following steps for previewing the form:

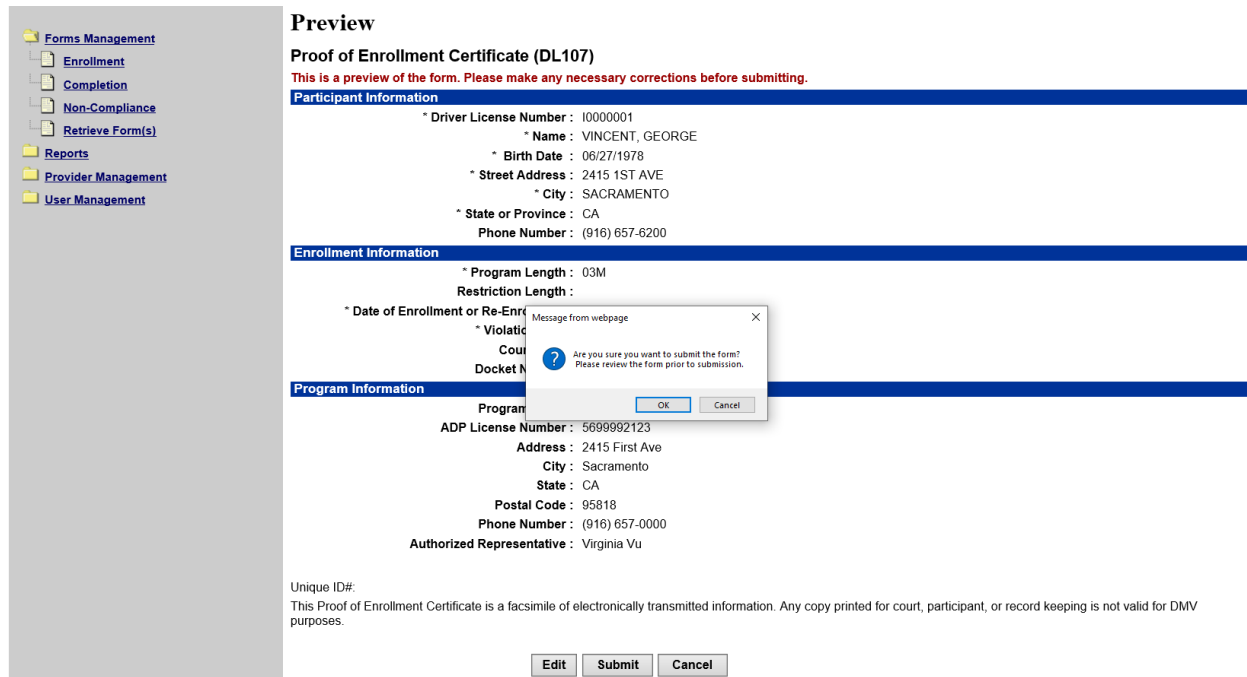
1. Review the form to ensure the accuracy of the data entered.
2. The form is only a preview form, which is identified by the statement “This is a Preview of the Form. Please make any necessary corrections before submitting.”

DUI Provider Program Forms – Forms Management (Proof of Enrollment Certificate-Submit)

To submit the Proof of Enrollment Certificate perform the following:

Select the “Submit” button.

DUI Provider Program Forms – Forms Management (Proof of Enrollment Certificate – Validate Submission)



Preview

Proof of Enrollment Certificate (DL107)

This is a preview of the form. Please make any necessary corrections before submitting.

Participant Information

* Driver License Number : I0000001
 * Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO
 * State or Province : CA
 Phone Number : (916) 657-6200

Enrollment Information

* Program Length : 03M
 Restriction Length :
 * Date of Enrollment or Re-Enrollment :
 * Violation :
 Court :
 Docket Number :

Program Information

Program :
 ADP License Number : 5699992123
 Address : 2415 First Ave
 City : Sacramento
 State : CA
 Postal Code : 95818
 Phone Number : (916) 657-0000
 Authorized Representative : Virginia Vu

Unique ID#:
 This Proof of Enrollment Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

Edit Submit Cancel

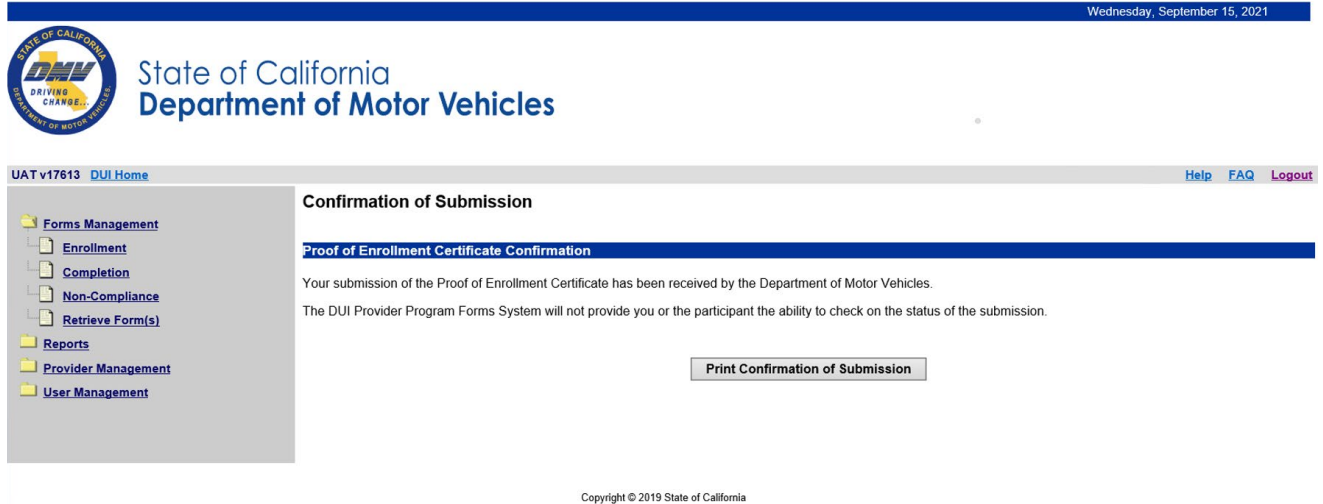
Copyright © 2019 State of California

Once you have clicked submit, a message will appear asking you to confirm that you want to submit the Proof of Enrollment Certificate.

Perform one of the following actions:

1. Select OK.
 - a. This will submit the Proof of Enrollment Certificate.
2. Select Cancel.
 - a. This will cancel the submission of the Proof of Enrollment Certificate and will take you back to the data entry screen of the Proof of Enrollment Certificate.

DUI Provider Program Forms – Forms Management (Proof of Enrollment Certificate-Confirmation of Submission)



The screenshot displays the DMV website interface for the DUI Provider Program Forms System. At the top, the DMV logo and the text "State of California Department of Motor Vehicles" are visible. A blue header bar contains the date "Wednesday, September 15, 2021". Below this, a navigation bar shows "UAT v17613 DUI Home" on the left and "Help", "FAQ", and "Logout" on the right. A left-hand menu lists various options: "Forms Management" (expanded), "Enrollment", "Completion", "Non-Compliance", "Retrieve Form(s)", "Reports", "Provider Management", and "User Management". The main content area is titled "Confirmation of Submission" and features a sub-header "Proof of Enrollment Certificate Confirmation". The text below states: "Your submission of the Proof of Enrollment Certificate has been received by the Department of Motor Vehicles. The DUI Provider Program Forms System will not provide you or the participant the ability to check on the status of the submission." A button labeled "Print Confirmation of Submission" is positioned at the bottom right of the confirmation message. The footer of the page reads "Copyright © 2019 State of California".

Once you have submitted the Proof of Enrollment Certificate, you will receive a Confirmation of Submission that your Proof of Enrollment Certificate has been received by DMV.

Perform the following prior to submitting another transaction:

Select the “Print Confirmation of Submission” button.

DUI Provider Program Forms – Forms Management (Proof of Enrollment Certificate-Print Confirmation of Submission)

Proof of Enrollment Certificate (DL107)

 [Send To Printer](#)

Participant Information

* Driver License Number : I0000001
 * Last Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO
 * State or Province : CA
 Phone Number : (916) 657-6200

Enrollment Information

* Program Length : 03M
 Restriction Length :
 * Date of Enrollment or Re-Enrollment : 07/01/2018
 * Violation Date : 06/06/2018
 Court Code : 24450
 Docket Number : TEST1

Program Information



Program Name : Test Provider
 ADP License Number : 5699992123
 Address : 2415 First Ave
 City : Sacramento
 State : CA
 Postal Code : 95818
 Phone Number : (916) 657-0000
 Authorized Representative : enagel@dmv.ca.gov

Unique ID#: 569999212309152021160310ENAGEL@DMV.CA.GOV0000001DL107

This Proof of Enrollment Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

A new window will overlay the current DUI Provider Program Forms System, which will display the electronic form with the information that was entered in the Proof of Enrollment Certificate data entry screen.

Perform the following steps to complete the process of submitting a Proof of Enrollment Certificate:

1. Select the  [Send To Printer](#) icon from the window that displays the electronic form.
 When the form is submitted the printed copy will have a Unique ID number that is generated and affixed to the bottom of the form. This Unique ID number is different for every form submitted.
2. A Print Dialog box will appear.
3. Select the Printer.
 - a. Print the required copies.
4. Select the  in the overlay window to close the Preview Form window. This will take you back to the DUI Provider Program Forms System Proof of Enrollment Certificate Confirmation Page.

DUI Provider Program Forms – Forms Management (Notice of Completion Certificate-Participant Information)

Monday, September 27, 2021



State of California
Department of Motor Vehicles

UAT v17613 DUI Home [Help](#) [FAQ](#) [Logout](#)

Forms Management

- Enrollment
- Completion
- Non-Compliance
- Retrieve Form(s)
- Reports
- Provider Management
- User Management

Notice of Completion Certificate (DL101)

* Required Fields

Participant Information

* Driver License Number :

* Last Name :

First Name :

Middle Name :

Name Suffix : (e.g. Sr, Jr, IV, etc.)

* Birth Date : / / (mm/dd/yyyy)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Phone Number : () -

Completion Information

Education Only Component(23140) : ☐

First Offender Program Length :

Multiple Offender Program Length :

The Notice of Completion Certificate includes sections for Participant Information, Completion Information, Program Information, and Agreements.

Enter the Participant Information into the Notice of Completion Certificate. The required fields are designated with an asterisk.

1. Enter the Participant's Driver License Number.
 - a. Driver's License must contain 8 characters and the first character cannot be an I, L, O, Q or T.
2. Enter the Participant's Last Name.

When you submit the Notice of Completion Certificate the system will validate that the Driver License Number and the first three digits of the Last Name match.

 - a. The Last Name must be alpha characters.
 - b. The Last Name can contain special characters (Spaces, hyphens, apostrophe, and periods).
3. Enter the Participant's First Name.
 - a. The First Name can contain special characters (Spaces, hyphens, apostrophe, and periods).
4. Enter the Participant's Middle Name.
 - a. The Middle Name can contain special characters (Spaces, hyphens, apostrophe, and periods).
5. Enter the Participant's Name Suffix.
 - a. The Suffix cannot contain special characters.



State of California Department of Motor Vehicles

UAT v17613 DUI Home

[Help](#) [FAQ](#) [Logout](#)

- Forms Management
 - Enrollment
 - Completion
 - Non-Compliance
 - Retrieve Form(s)
- Reports
- Provider Management
- User Management

Notice of Completion Certificate (DL101)

* Required Fields

Participant Information

* Driver License Number :

* Last Name :

First Name :

Middle Name :

Name Suffix : (e.g. Sr, Jr, IV, etc.)

* Birth Date : / / (mm/dd/yyyy)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Phone Number : () -

Completion Information

Education Only Component(23140) : ☐

First Offender Program Length :

Multiple Offender Program Length :

Participant Information continued

6. Enter the Participant's Birth Date.
 - a. Birth date cannot be for someone ten years or younger.
 - b. Birth date cannot be a future date.
 - c. Birth must be numeric.
7. Enter the Participant's Street Address.
8. Enter the Participant's City.
9. Enter the Participant's State or Province.
 - a. State cannot contain numeric or special characters.
10. Enter the Participant's Postal Code.
 - a. Postal Code cannot contain alpha or special characters if it is a California Postal Code.
11. Enter the Participant's Phone Number.
 - a. Phone Number must be 10 characters.
 - b. Phone Number cannot contain alpha or special characters.

DUI Provider Program Forms – Forms Management (Notice of Completion Certificate-Completion Information)

Phone Number : () -

Completion Information

Education Only Component(23140) : ☐

First Offender Program Length :

Multiple Offender Program Length :

* Date of Original Enrollment : / / (mm/dd/yyyy)

* Date of Completion : / / (mm/dd/yyyy)

* Violation Date : / / (mm/dd/yyyy)

Court Code :

Docket Number :

Program Information

Program Name : Test Provider

ADP License Number : 569992123

Address : 2415 First Ave

City : Sacramento

State : CA

Postal Code : 95818

Phone Number : (916) 657-0000

Authorized Representative : Virginia Vu

Agreements

Submission Agreement- I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

☐ I have read and agree to the Agreement stated above.

Copyright © 2019 State of California

Enter the Completion Information into the Notice of Completion Certificate. The required fields are designated with an asterisk:

1. Select the DUI Program (only one program can be selected):
 - a. Education Only Component.
 - b. First Offender Program Length. The last three digits of the ADP License Number determines the Program Lengths the Provider will have the ability to select.
 - c. Multiple Offender Program Length. The last three digits of the ADP License Number determines the Program Lengths the Provider will have the ability to select.
2. Enter Date of Original Enrollment.
 - a. This date should be the date the Participant originally enrolled in the Program.
 - b. This date must be later than the Violation date.
 - c. Date of Enrollment cannot be the same as or prior to 06/30/1999.

Phone Number : () -

Completion Information

Education Only Component(23140) : ☐

First Offender Program Length :

Multiple Offender Program Length :

* Date of Original Enrollment : / / (mm/dd/yyyy)

* Date of Completion : / / (mm/dd/yyyy)

* Violation Date : / / (mm/dd/yyyy)

Court Code :

Docket Number :

Program Information

Program Name : Test Provider
 ADP License Number : 5699992123
 Address : 2415 First Ave
 City : Sacramento
 State : CA
 Postal Code : 95818
 Phone Number : (916) 657-0000
 Authorized Representative : Virginia Vu

Agreements

Submission Agreement- I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

☐ I have read and agree to the Agreement stated above.

Copyright © 2019 State of California

Completion Information continued:

3. Enter Date of Completion.
 - a. This date must be later than the Original Enrollment Date.
 - b. The system will validate that the Program Length selected falls between the Enrollment Date and the Completion Date entered.
4. Enter Violation Date.
 - a. Violation Date must be before Enrollment Date.
5. Enter a Court Code.
 - b. The Court Code's first two digits must be between 01 and 58.
 - c. The Court Code must be numeric.
6. Enter a Docket Number.

DUI Provider Program Forms – Forms Management (Notice of Completion Certificate-Program & Agreement Information)

Phone Number : () -

Completion Information

Education Only Component(23140) : ☐

First Offender Program Length :

Multiple Offender Program Length :

* Date of Original Enrollment : / / (mm/dd/yyyy)

* Date of Completion : / / (mm/dd/yyyy)

* Violation Date : / / (mm/dd/yyyy)

Court Code :

Docket Number :

Program Information

Program Name : Test Provider

ADP License Number : 569992123

Address : 2415 First Ave

City : Sacramento

State : CA

Postal Code : 95818

Phone Number : (916) 657-0000

Authorized Representative : Virginia Vu

Agreements

Submission Agreement- I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

☐ I have read and agree to the Agreement stated above.


Copyright © 2019 State of California

The Program Information and Agreements sections are the last sections that must be completed prior to the submission of a form.

1. Program Information – Validate that the Program Information is correct. This information is created by DADP based on the latest information they have concerning the Provider.
 - a. Program Name – Displays the Provider Business Name and not the Legal Name.
 - b. ADP License Number – Displays the license number assigned to the Provider by DADP.
 - c. Address – Displays the Business Location Address.
 - d. City – Displays the Business Location City.
 - e. State – Displays the Business Location State.
 - f. Zip Code – Displays the Business Location Zip Code.
 - g. Phone Number – Displays the Business Phone Number.
 - h. Authorized Representative – Displays the First and Last Name of the User.
2. Agreements - Check the Box in the Agreements section, which reads I have read and agree to the two Agreements stated above.
3. Now select the “Next” button.

DUI Provider Program Forms – Forms Management (Notice of Completion Certificate-Preview)

Monday, September 27, 2021



State of California
Department of Motor Vehicles

UAT v17613 DUI Home

[Help](#)
[FAQ](#)
[Logout](#)

- Forms Management
 - Enrollment
 - Completion
 - Non-Compliance
 - Retrieve Form(s)
- Reports
- Provider Management
- User Management

Preview

Notice of Completion Certificate (DL101)

This is a preview of the form. Please make any necessary corrections before submitting.

Participant Information

* Driver License Number : 10000001
* Name : VINCENT, GEORGE
* Birth Date : 06/27/1978
* Street Address : 2415 1ST AVE
* City : SACRAMENTO
* State or Province : CA
* Zip Code : 95818
Phone Number : (916) 657-6200

Completion Information

Education Only Component(23140) :
First Offender Program Length : 03M
Multiple Offender Program Length :
* Date of Original Enrollment : 05/01/2021
* Date of Completion : 09/01/2021
* Violation Date : 01/01/2021
Court Code : 34470
Docket Number : TEST1

Program Information

Program Name : Test Provider
ADP License Number : 5699992123
Address : 2415 First Ave
City : Sacramento

Selecting Next will show you a preview of the data entered into the form, which overlays the current DUI Provider Program Forms window. At this point, the form has not been submitted until you select the submit button on the DUI Provider Program Forms System.

Perform the following steps for previewing the form:

1. Review the form to ensure the accuracy of the data entered.
2. The form is only a preview form, which is identified by the statement “This is a Preview of the Form. Please make any necessary corrections before submitting.”

DUI Provider Program Forms – Forms Management (Notice of Completion Certificate-Submit)



State : CA
Postal Code : 95818
Phone Number : (916) 657-0000
Authorized Representative : Virginia Vu

Unique ID#

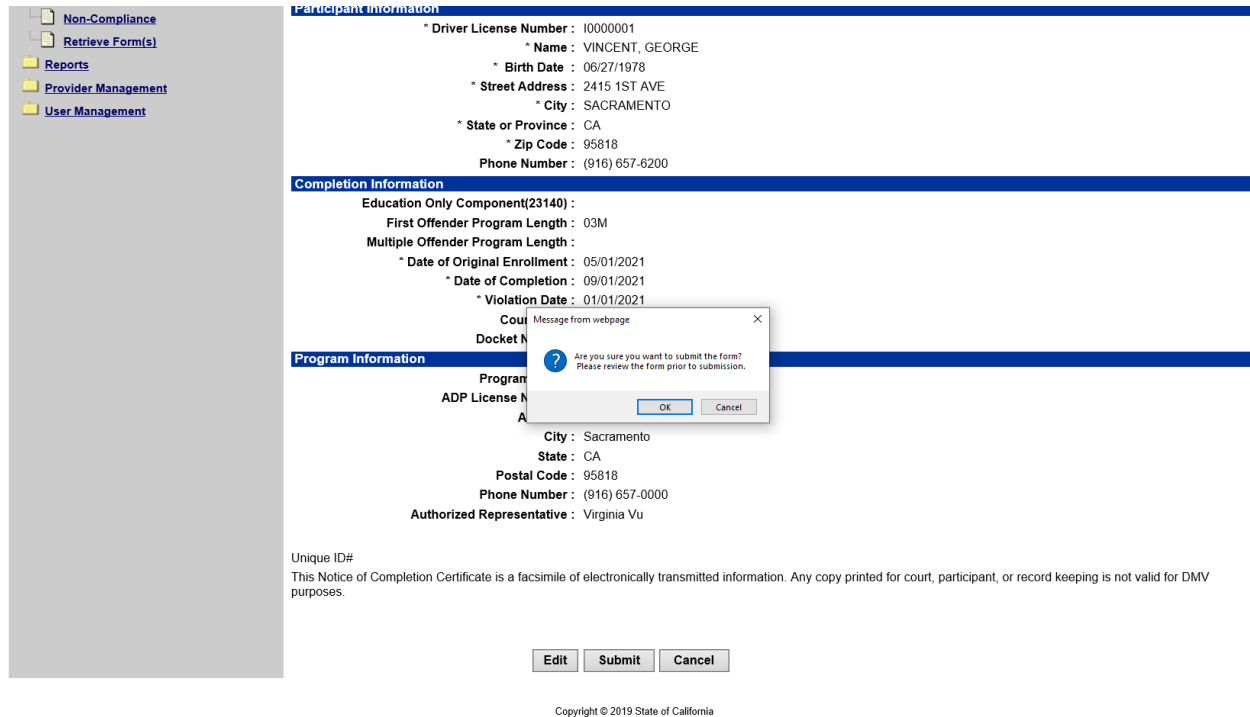
This Notice of Completion Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

Copyright © 2019 State of California

To submit the Notice of Completion Certificate perform the following:

Select the “Submit” button.

DUI Provider Program Forms – Forms Management (Notice of Completion Certificate-Validate Submission)



Participant Information

* Driver License Number : 10000001
 * Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO
 * State or Province : CA
 * Zip Code : 95818
 Phone Number : (916) 657-6200

Completion Information

Education Only Component(23140) :
 First Offender Program Length : 03M
 Multiple Offender Program Length :
 * Date of Original Enrollment : 05/01/2021
 * Date of Completion : 09/01/2021
 * Violation Date : 01/01/2021

Program Information

City : Sacramento
 State : CA
 Postal Code : 95818
 Phone Number : (916) 657-0000
 Authorized Representative : Virginia Vu

Unique ID#
 This Notice of Completion Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

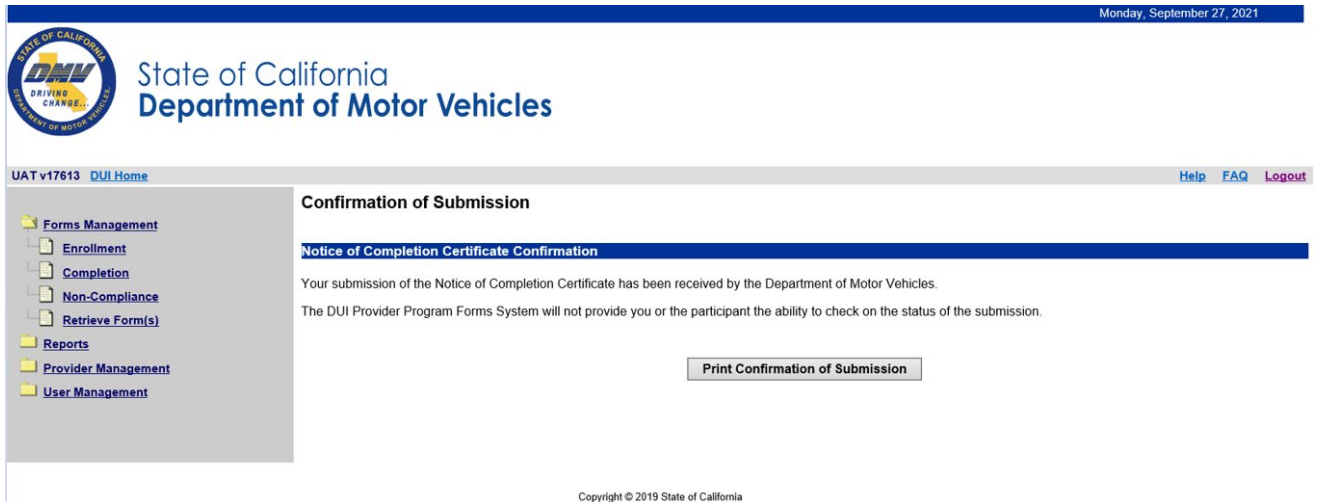
Copyright © 2019 State of California

Once you have clicked submit, a message will appear asking you to confirm that you want to submit the Notice of Completion Certificate.

Perform one of the following actions:

1. Select OK.
 - a. This will submit the Notice of Completion Certificate.
2. Select Cancel.
 - a. This will cancel the submission of the Notice of Completion Certificate and take you back to the data entry screen of the Notice of Completion Certificate.

DUI Provider Program Forms – Forms Management (Notice of Completion Certificate-Confirmation of Submission)



The screenshot displays the DMV website interface for the DUI Provider Program Forms System. At the top, a blue header bar contains the date "Monday, September 27, 2021". Below this, the DMV logo and "State of California Department of Motor Vehicles" are visible. A navigation bar includes "UAT v17613", "DUI Home", and links for "Help", "FAQ", and "Logout". A left sidebar lists menu items: "Forms Management" (with sub-items "Enrollment", "Completion", "Non-Compliance", and "Retrieve Form(s)"), "Reports", "Provider Management", and "User Management". The main content area is titled "Confirmation of Submission" and features a blue header for "Notice of Completion Certificate Confirmation". The text states: "Your submission of the Notice of Completion Certificate has been received by the Department of Motor Vehicles. The DUI Provider Program Forms System will not provide you or the participant the ability to check on the status of the submission." A "Print Confirmation of Submission" button is located at the bottom of the confirmation message. The footer indicates "Copyright © 2019 State of California".

Once you have submitted the Notice of Completion Certificate you will receive a Confirmation of Submission that your Notice of Completion Certificate has been received by DMV.

Perform the following prior to submitting another transaction:

Select the “Print Confirmation of Submission” button.

DUI Provider Program Forms – Forms Management (Notice of Completion Certificate-Print Confirmation of Submission)

Notice of Completion Certificate (DL101)

 [Send To Printer](#)

Participant Information

* Driver License Number : I0000001
 * Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO
 * State or Province : CA
 * Zip Code : 95818
 Phone Number : (916) 657-6200

Completion Information

Education Only Component(23140) :
 First Offender Program Length : 03M
 Multiple Offender Program Length :
 * Date of Original Enrollment : 05/01/2021
 * Date of Completion : 09/01/2021
 * Violation Date : 01/01/2021
 Court Code : 34470
 Docket Number : TEST1


Program Information

Program Name : Test Provider
 ADP License Number : 5699992123
 Address : 2415 First Ave
 City : Sacramento
 State : CA
 Postal Code : 95818
 Phone Number : (916) 657-0000
 Authorized Representative : enagel@dmv.ca.gov

Unique ID#: 569999212309272021120806ENAGEL@DMV.CA.GOV10000001DL101


A new window will overlay the current DUI Provider Program Forms System, which will display the electronic form with the information that was entered in the Notice of Completion Certificate data entry screen.

Perform the following steps to complete the process of submitting a Notice of Completion Certificate:

1. Select the  [Send To Printer](#) icon from the window that displays the electronic form.
 When the form is submitted the hardcopy form will have a Unique ID number that is generated and affixed to the bottom of the form. This Unique ID number is different for every form submitted.
2. A Print Dialog box will appear.
3. Select the Printer.
 - a. Print the required copies.
4. Select the × in the overlay window to close the Preview Form window. This will take you back to the DUI Provider Program Forms System Notice of Completion Certificate Confirmation Page.

DUI Provider Program Forms – Forms Management (Notice of Non-Compliance Form-Participant Information)

Monday, September 27, 2021



State of California
Department of Motor Vehicles

UAT v17613 DUI Home
[Help](#) [FAQ](#) [Logout](#)

- Forms Management
 - Enrollment
 - Completion
 - Non-Compliance
 - Retrieve Form(s)
- Reports
- Provider Management
- User Management

Notice of Non-Compliance Form (DL101A)

* Required Fields

Participant Information

* Driver License Number :

* Last Name :

First Name :

Middle Name :

Name Suffix : (e.g. Sr, Jr, IV, etc.)

* Birth Date : / / (mm/dd/yyyy)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Non-Compliance Information

* Date of Enrollment or Re-Enrollment : / / (mm/dd/yyyy)

* Failure to Comply Date : / / (mm/dd/yyyy)

* Violation Date : / / (mm/dd/yyyy)

The Notice of Non-Compliance Form includes sections for Participant Information, Non-Compliance Information, Program Information, and Agreements.

Enter the Participant Information into the Notice of Non-Compliance Form. The required fields are designated with an asterisk.

1. Enter the Participant's Driver License Number.
 - a. Driver's License must contain 8 characters and the first character cannot be an I, L, O, Q or T.
2. Enter the Participant's Last Name.

When you submit the Notice of Non-Compliance Form the system will validate that the Driver License Number and the first three digits of the Last Name match.

 - a. The Last Name must be alpha characters.
 - b. The Last Name can contain special characters (Spaces, hyphens, apostrophes, and periods).
3. Enter the Participant's First Name.
 - a. The First Name can contain special characters (Spaces, hyphens, apostrophe, and periods).
4. Enter the Participant's Middle Name.
 - a. The Middle Name can contain special characters (Spaces, hyphens, apostrophe, and periods).
5. Enter the Participant's Name Suffix
 - a. The suffix cannot contain special characters.



State of California Department of Motor Vehicles

UAT v17613 DUI Home

[Help](#) [FAQ](#) [Logout](#)

- Forms Management
 - Enrollment
 - Completion
 - Non-Compliance
 - Retrieve Form(s)
- Reports
- Provider Management
- User Management

Notice of Non-Compliance Form (DL101A)

* Required Fields

Participant Information

* Driver License Number :

* Last Name :

First Name :

Middle Name :

Name Suffix : (e.g. Sr, Jr, IV, etc.)

* Birth Date : / / (mm/dd/yyyy)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Non-Compliance Information

* Date of Enrollment or Re-Enrollment : / / (mm/dd/yyyy)

* Failure to Comply Date : / / (mm/dd/yyyy)

* Violation Date : / / (mm/dd/yyyy)

Participant Information continued

6. Enter the Participant's Birth Date.
 - a. Birth date cannot be for someone ten years or younger.
 - b. Birth date cannot be a future date.
 - c. Birth date must be numeric.
7. Enter the Participant's Street Address.
8. Enter the Participant's City.
9. Enter the Participant's State or Province.
 - a. State cannot contain a numeric or special characters.
10. Enter the Participant's Postal Code.
 - a. Postal Code cannot contain alpha or special characters if it is a California Postal Code.
11. Enter the Participant's Phone Number.
 - a. Phone number must be 10 characters.
 - b. Phone Number cannot contain alpha or special characters.

DUI Provider Program Forms – Forms Management (Notice of Non-Compliance Form-Non-Compliance Information)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Non-Compliance Information

* Date of Enrollment or Re-Enrollment : / / (mm/dd/yyyy)

* Failure to Comply Date : / / (mm/dd/yyyy)

* Violation Date : / / (mm/dd/yyyy)

Court Code :

Docket Number :

Program Information

Program Name : Test Provider
ADP License Number : 5699992123
Address : 2415 First Ave
City : Sacramento
State : CA
Postal Code : 95818
Phone Number : (916) 657-0000
Authorized Representative : Virginia Vu

Agreements

Submission Agreement- I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

☐ I have read and agree to the Agreement stated above.

Copyright © 2019 State of California

Enter the Non-Compliance Information into the Notice of Non-Compliance Form. The required fields are designated with an asterisk.

1. Enter Date of Enrollment or Re-Enrollment.
 - a. This date must be later than the Violation date.
 - b. Date of Enrollment or Re-Enrollment cannot be later than the Failure to Comply date.

Note: The Enrollment or Re-Enrollment date must already be on the participant's record if this is the second time the participant is issued a Notice of Non-Compliance. Submit the Proof of Enrollment prior to submitting the Notice of Non-Compliance, if you have not already done so.
2. Enter Date of Non-Compliance.
 - a. This date must be later than the Enrollment or Re-Enrollment Date.
3. Enter Violation Date.
 - a. Violation Date must be before Enrollment Date.
4. Enter a Court Code.
 - a. The Court Code's first two digits must be between 01 and 58.
 - b. The Court Code must be numeric.
5. Enter a Docket Number.

DUI Provider Program Forms – Forms Management (Notice of Non-Compliance Form-Program & Agreement Information)

* Street Address : (i.e. Street Address, P.O. Box, etc.)

* City :

* State or Province :

* Zip Code :

Non-Compliance Information

* Date of Enrollment or Re-Enrollment : / / (mm/dd/yyyy)

* Failure to Comply Date : / / (mm/dd/yyyy)

* Violation Date : / / (mm/dd/yyyy)

Court Code :

Docket Number :

Program Information

Program Name : Test Provider

ADP License Number : 5699992123

Address : 2415 First Ave

City : Sacramento

State : CA

Postal Code : 95818

Phone Number : (916) 657-0000

Authorized Representative : Virginia Vu

Agreements

Submission Agreement- I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

☐ I have read and agree to the Agreement stated above.

Copyright © 2019 State of California

The Program Information and Agreements sections are the last sections that must be completed prior to the submission of a form.

1. Program Information – Validate that the Program Information is correct. This information is created by DADP based on the latest information they have concerning the Provider.
 - a. Program Name – Displays the Provider Business Name and not the Legal Name.
 - b. ADP License Number – Displays the license number assigned to the Provider by DADP.
 - c. Address – Displays the Business Location Address.
 - d. City – Displays the Business Location City.
 - e. State – Displays the Business Location State.
 - f. Zip Code – Displays the Business Location Zip Code.
 - g. Phone Number – Displays the Business Phone Number.
 - h. Authorized Representative – Displays the First and Last Name of the User.
2. Agreements - Check the Box in the Agreements section, which reads, I have read and agree to the two Agreements stated above.
3. Now select the Next button.

DUI Provider Program Forms – Forms Management (Notice of Non-Compliance Form-Preview)

- Forms Management
- Enrollment
- Completion
- Non-Compliance
- Retrieve Form(s)
- Reports
- Provider Management
- User Management

Preview

Notice of Non-Compliance Form (DL101A)
This is a preview of the form. Please make any necessary corrections before submitting.

Participant Information

* Driver License Number : 10000001
* Name : VINCENT, GEORGE
* Birth Date : 06/27/1978
* Street Address : 2415 1ST AVE
* City : SACRAMENTO
* State or Province : CA
* Zip Code : 95818

Non-Compliance Information

* Date of Enrollment or Re-Enrollment : 05/01/2021
* Failure to Comply Date : 09/27/2021
* Violation Date : 01/01/2021
Court Code : 24450
Docket Number : TEST1

Program Information


Program Name : Test Provider
ADP License Number : 5699992123
Authorized Representative : Virginia Vu

Unique ID#
This Notice of Non-Compliance is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

Copyright © 2019 State of California

Selecting Preview will show you a preview of the data entered into the form, which overlays the current DUI Provider Program Forms window. At this point, the form has not been submitted until you select the submit button on the DUI Provider Program Forms System.

Perform the following steps for previewing the form:

1. Review the form to ensure the accuracy of the data entered.
2. The form is only a preview form, which is identified by the statement “This is a Preview of the Form. Please make any necessary corrections before submitting.”
3. Select the  in the overlay window to close the Preview Form window. This will take you back to the DUI Provider Program Forms System Notice of Non-Compliance Form page to submit the Non-Compliance Form.

DUI Provider Program Forms – Forms Management (Notice of Non-Compliance Form-Submit)

- Forms Management
- Enrollment
- Completion
- Non-Compliance
- Retrieve Form(s)
- Reports
- Provider Management
- User Management

Preview

Notice of Non-Compliance Form (DL101A)

This is a preview of the form. Please make any necessary corrections before submitting.

Participant Information

* Driver License Number : 10000001
 * Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO
 * State or Province : CA
 * Zip Code : 95818

Non-Compliance Information

* Date of Enrollment or Re-Enrollment : 05/01/2021
 * Failure to Comply Date : 09/27/2021
 * Violation Date : 01/01/2021
 Court Code : 24450
 Docket Number : TEST1

Program Information

Program Name : Test Provider
 ADP License Number : 5699992123
 Authorized Representative : Virginia Vu

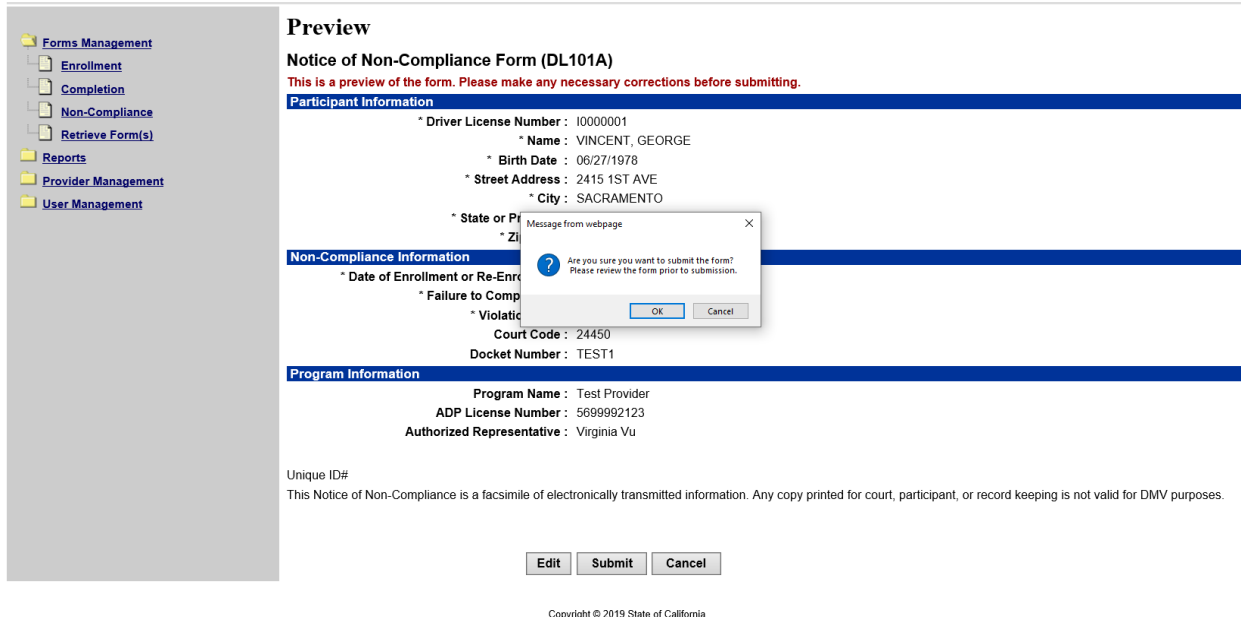
Unique ID#
 This Notice of Non-Compliance is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

Copyright © 2019 State of California

To submit the Notice of Non-Compliance form perform the following:

Select the “Submit” button.

DUI Provider Program Forms – Forms Management (Notice of Non-Compliance Form-Validate Submission)



Forms Management

- Enrollment
- Completion
- Non-Compliance
- Retrieve Form(s)
- Reports
- Provider Management
- User Management

Preview

Notice of Non-Compliance Form (DL101A)

This is a preview of the form. Please make any necessary corrections before submitting.

Participant Information

* Driver License Number : I0000001
 * Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO

* State or P
 * Zi

Non-Compliance Information

* Date of Enrollment or Re-Enr
 * Failure to Comp
 * Violatio
 Court Code : 24450
 Docket Number : TEST1

Program Information

Program Name : Test Provider
 ADP License Number : 5699992123
 Authorized Representative : Virginia Vu

Unique ID#

This Notice of Non-Compliance is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

Copyright © 2019 State of California

Once you have clicked submit a message will appear asking you to confirm that you want to submit the Notice of Non-Compliance Form.

Perform one of the following actions:

1. Select OK.
 - a. This will submit the Notice of Non-Compliance Form.
2. Select Cancel.
 - a. This will cancel the submission of the Notice of Non-Compliance Form and take you back to the data entry screen of the Notice of Non-Compliance Form.

DUI Provider Program Forms – Forms Management (Notice of Non-Compliance Form-Confirmation of Submission)

Tuesday, September 28, 2021



State of California
Department of Motor Vehicles

UAT v17613 [DUI Home](#)

[Help](#) [FAQ](#) [Logout](#)

- Forms Management
 - Enrollment
 - Completion
 - Non-Compliance
 - Retrieve Form(s)
- Reports
- Provider Management
- User Management

Confirmation of Submission

Notice of Non-Compliance Form Confirmation

Your submission of the Notice of Non-Compliance Form has been received by the Department of Motor Vehicles.

The DUI Provider Program Forms System will not provide you or the participant the ability to check on the status of the submission.

[Print Confirmation of Submission](#)

Copyright © 2019 State of California

Once you have submitted the Notice of Non-Compliance Form you will receive a Confirmation of Submission that your Notice of Non-Compliance Form has been received by DMV.

Perform the following prior to submitting another transaction:

Select the “Print Confirmation of Submission” button.

DUI Provider Program Forms – Forms Management (Notice of Non-Compliance Form-Print Confirmation of Submission)

Notice of Non-Compliance Form (DL101A)

 [Send To Printer](#)

Participant Information

* Driver License Number : I0000001
 * Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO
 * State or Province : CA
 * Zip Code : 95818

Non-Compliance Information

* Date of Enrollment or Re-Enrollment : 06/01/2021
 * Failure to Comply Date : 09/28/2021
 * Violation Date : 01/01/2021
 Court Code : 24450
 Docket Number : TEST1

Program Information


Program Name : Test Provider
 ADP License Number : 5699992123
 Authorized Representative : enagel@dmv.ca.gov

Unique ID#: 569999212309282021083108ENAGEL@DMV.CA.GOV10000001DL101A

This Notice of Non-Compliance is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

A new window will overlay the current DUI Provider Program Forms System, which will display the electronic form with the information that was entered in the Notice of Non-Compliance Form data entry screen.

Perform the following steps to complete the process of submitting a Notice of Non-Compliance Form:

1. Select the  [Send To Printer](#) icon from the window that displays the electronic form.
 When the form is submitted the printed copy will have a Unique ID number that is generated and affixed to the bottom of the form. This Unique ID number is different for every form submitted.
2. A Print Dialog box will appear.
3. Select the Printer.
 - a. Print the required copies.
4. Select the × in the overlay window (which is the Preview of the Form) to close the Preview Form window and return to the DUI Provider Program Forms System Notice of Non-Compliance Confirmation Page.

DUI Provider Program Forms – Forms Management (Retrieve a Form-Retrieve Forms)

Tuesday, September 28, 2021



State of California
Department of Motor Vehicles

UAT v17613 [DUI Home](#) [Help](#) [FAQ](#) [Logout](#)

- Forms Management
 - Enrollment
 - Completion
 - Non-Compliance
 - Retrieve Form(s)
- Reports
- Provider Management
- User Management

Retrieve Forms

* Required Fields

* Form Code : Proof of Enrollment Certificate (DL107)
Notice of Completion Certificate (DL101)
Notice of Non-Compliance Form (DL101A)

Driver License Number :

Participant's Name :

Date Submitted From : / / To / /
(mm/dd/yyyy) (mm/dd/yyyy)

Copyright © 2019 State of California


You may retrieve any form that you have submitted through the DUI Provider Program Form System. You will only be able to retrieve forms that have been submitted under your ADP License Number. The required fields are designated with an asterisk.

Perform the following steps for retrieving a form:

- Select one or multiple Form Codes.
 - You can select multiple Form Codes by selecting one (clicking on the name of the Form Code with the left mouse button, then taking your pointer (arrow) hold the Ctrl key and use the left mouse button to highlight the other forms.
 - Select all Form Codes by selecting one and then holding down the Shift key and clicking on the last Form Code.
- Enter a Driver's License Number.
 - Driver's License Number must contain 8 characters and the first character cannot be an I, L, O, Q, or T.
- Enter a Participant's Name.
 - You can enter the partial or full name of the Participant.
- Enter Date Submitted.
 - The date the form was submitted electronically.
- Select "Submit Query" button.

DUI Provider Program Forms – Forms Management (Retrieve a Form- Retrieve Forms Search Results)

Tuesday, September 28, 2021



State of California
Department of Motor Vehicles

UAT v17613 [DUI Home](#)
[Help](#) [FAQ](#) [Logout](#)

Forms Management

- [Enrollment](#)
- [Completion](#)
- [Non-Compliance](#)
- [Retrieve Form\(s\)](#)
- [Reports](#)
- [Provider Management](#)
- [User Management](#)

Retrieve Forms Search Result

Form Code : DL107
Date Submitted From : .

Show entries Search:

Form Code	Driver License Number	Participant's Name	ADP License Number
DL107	I0000001	ROGERSTEINSKI, FRED E	5699992120
DL107	I0000001	ROGERSTEINSKI, FREDRICK JOSE MARIA JUNIOR	5699992120
DL107	I0000001	ROGERMAN,	5699992120
DL107	I0000001	ROGERSTEINSKIMONY,	5699992120
DL107	I0000001	VINCENT, GEORGE	5699992123




Showing 1 to 5 of 5 entries First Previous Next Last

[Search Again](#)

Copyright © 2019 State of California

You should now be at the Retrieve Forms Search Results screen. The search results headers will display the criteria that was selected / entered for Form Code and Date Submitted.

Perform the following functions for your search results:

1. Sort your search results based on your preferences.
 - a. Any columns with an  can be sorted.
 - b. Default sort is by Form Code.
 - c. To sort the search results select the  next to the column, this will sort the results in ascending order by the column selected.
 - d. To sort in the search results in descending order select the  next to the same column again.
 - e. To go to the next page of results, choose “Next”.
 - f. To go to the last page of results, choose “Last”.
2. View a submitted form.
 - a. Select the form that you want to view by selecting the Form Code in the left hand column.

DUI Provider Program Forms – Forms Management (Retrieve a Form- Retrieve Forms Search Results)

Proof of Enrollment Certificate (DL107)

 [Send To Printer](#)

Participant Information

* Driver License Number : I0000001
 * Last Name : VINCENT, GEORGE
 * Birth Date : 06/27/1978
 * Street Address : 2415 1ST AVE
 * City : SACRAMENTO
 * State or Province : CA
 Phone Number : (916) 657-6200

Enrollment Information

* Program Length : 03M
 Restriction Length :
 * Date of Enrollment or Re-
 Enrollment : 07/01/2018
 * Violation Date : 06/06/2018
 Court Code : 24450
 Docket Number : TEST1

Program Information


Program Name : Test Provider
 ADP License Number : 5699992123
 Address : 2415 First Ave
 City : Sacramento
 State : CA
 Postal Code : 95818
 Phone Number : (916) 657-0000
 Authorized Representative : enagel@dmv.ca.gov

Unique ID#: 569999212309152021160310ENAGEL@DMV.CA.GOV0000001DL107

This Proof of Enrollment Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant, or record keeping is not valid for DMV purposes.

After selecting the Form Code there should be an overlay of the current DUI Provider Program Forms System window. The new window will display the form that was chosen from the Retrieve a Form Search Results.

Perform the following steps:

1. Validate the authenticity of the form you have chosen.
 When the form is submitted the printed copy will have a Unique ID number that is generated and affixed to the bottom of the form. This Unique ID number is different for every form submitted.
2. Select the  [Send To Printer](#) icon from the window that displays the electronic form.
3. A Print Dialog box will appear.
4. Select the Printer and number of copies that you would like to print.
5. Select the × in the overlay window to close the Preview Form window. This will take you back to the DUI Provider Program Forms System Retrieve a Form Search Results.