



## REQUEST FOR CLOSURE OF EMPLOYER PULL NOTICE ACCOUNT (INF 1112) INSTRUCTIONS

All Employer Pull Notice (EPN) applicants who wish to close their EPN account must complete this form. 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.

### SECTION 1 — EMPLOYER INFORMATION ON THE EPN ACCOUNT

- **Company Legal Name/Agency Name/Sole Proprietor Name:** List the legal name of the company, agency, or sole proprietor.
- **Requester Code:** Provide the assigned EPN Requester Code issued to your company/agency.
  - 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.
- **Email:** Provide the email for the company/agency.
- **Mailing Address:** Provide the company/agency 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.
- **Telephone Number:** Provide the business telephone number.

### SECTION 2 — ACCOUNT CLOSURE INFORMATION

- The account will be closed and all drivers deleted from the account within thirty (30) days from the date the closure request is received.
- Once an EPN account is closed the requester code can no longer be used. The requester is responsible for destroying Department of Motor Vehicle (DMV) record information pursuant to *Civil Code* §§1798.80, 1798.81, and 1798.82.
- Full payment of all outstanding balances are due to DMV.
- If you wish to re-apply for the EPN program, you must establish a new account by sending in the appropriate forms. The required forms are available on the DMV Internet website:  
**[www.dmv.ca.gov](http://www.dmv.ca.gov)**.

### 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 Closure Request is being signed.

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

***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](http://www.dmv.ca.gov)**.



# REQUEST FOR CLOSURE OF EMPLOYER PULL NOTICE ACCOUNT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## SECTION 1 — EMPLOYER INFORMATION

COMPANY LEGAL NAME/AGENCY NAME/SOLE PROPRIETOR NAME		REQUESTER CODE	
DOING BUSINESS AS (DBA)	EMAIL		
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON(S)	TELEPHONE NUMBER (     )		EXT

## SECTION 2 — ACCOUNT CLOSURE INFORMATION

The undersigned Employer Pull Notice (EPN) Authorized Representative, requests to have the EPN account listed above closed. All enrolled drivers will be deleted from the EPN account. The account closure will be effective within thirty (30) days of receipt.

Once an EPN account is closed the requester code can no longer be used. The requester is 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 pursuant to *Civil Code* §§1798.80, 1798.81, and 1798.82.

Full payment of all outstanding balances are due to DMV. A final invoice for this account will be sent to the company's billing address on file with the Automated Billing Information Services (ABIS) section. Fees will continue to accrue until the EPN account is closed and all drivers deleted. If you have any questions regarding balance or credits on the account, please call (916) 657-6346.

If you wish to re-apply for the EPN program, you must establish a new account by sending in the following: Employer Pull Notice Program Application (INF 1104). A minimum of one driver must be added at the time of EPN application enrollment (use form INF 1100 or INF 1102 if applicable), and a \$5.00 enrollment fee for each driver enrolled. The outstanding balance on this account must be paid in full before opening a new account. The required forms are available on the DMV Internet website: [www.dmv.ca.gov](http://www.dmv.ca.gov).

## SECTION 3 — CERTIFICATION (ORIGINAL SIGNATURE REQUIRED)

***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.***

PRINTED NAME OF AUTHORIZED REPRESENTATIVE	DATE
<b>X</b>	

**Please mail the completed form 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