



**EMPLOYER TESTING PROGRAM
REQUEST FOR REACTIVATION
EMPLOYER NUMBER**

FOR DMV USE ONLY

APPLICATION APPROVED EFFECTIVE DATE

APPROVED BY DATE

My firm voluntarily cancelled its Employer Number on _____ DATE _____.

I am requesting reactivation of my firm's Employer Number. I understand that if my Employer Number is due to expire within 60 days, I am required to complete and submit an Application for Employer Number (DL 520 ETP), the renewal fees, and route documentation for my primary and alternate drive test routes

EMPLOYER NAME EMPLOYER PHONE NUMBER
()

EMPLOYER MAILING ADDRESS

CITY STATE ZIP CODE

EMPLOYER STREET ADDRESS

CITY STATE ZIP CODE

ADMINISTRATOR PRINTED NAME WORK PHONE NUMBER
()

If my company does not fulfill its responsibilities or no longer qualifies for an employer number under Title 13 and *California Vehicle Code* (CVC) §15250, I understand that the department will cancel, suspend or revoke my employer number. I further certify the Employer will abide by the provisions in Title 13, *California Code of Regulations*, Article 2.1, & 25.06 - 25.23, CVC §§12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am the authorized Administrator of the program for the above named employer.

PRINTED NAME AND TITLE ADMINISTRATOR'S DL NUMBER DATE

SIGNATURE OF ADMINISTRATOR

X

STREET ADDRESS

CITY STATE ZIP CODE

Upon request, this document can be produced in Braille or large print. Phone services to DMV employees are available for the deaf or hard of hearing by calling (916) 657-5616 (TDD phone), or the California Relay Telephone Service at 1-800-735-2929 (TDD phone) and 1-800-735-2922 (voice phone).