



INFORMATION SERVICES PROGRAM EMPLOYER PULL NOTICE PROGRAM AGENT AUTHORIZATION

SECTION 1 — EMPLOYER

NAME OF APPROVED EMPLOYER		EMAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP CODE
NAME OF CONTACT PERSON	TELEPHONE NUMBER ()	REQUESTER CODE	

SECTION 2 — EPN AGENT

NAME OF PRE-APPROVED AGENT			
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
NAME OF CONTACT PERSON	TELEPHONE NUMBER ()	REQUESTER CODE	

The above named Approved Employer, hereinafter referred to as “Employer”, hereby authorizes the above named Approved EPN Agent, hereinafter referred to as “EPN Agent” to act on the Employer’s behalf to perform specific tasks associated with the Employer Pull Notice (EPN) Program as specified in California Vehicle Code (CVC) Section 1808.1.

EPN Agent will be authorized to perform the following functions on behalf of the Employer.

- a. Add and delete authorized employer’s drivers.
- b. Receive, interpret, and transmit the EPN driver license record(s) in their entirety to the Employer within three (3) days of receipt.
- c. Receive billing notices and submit payment on Employer’s behalf.

Employer acknowledges and understands that:

- 1. Utilizing an EPN Agent does not absolve the Employer of any responsibility for compliance with the provisions described in the CVC Section 1808.1.
- 2. Hereinafter all record information will be exclusively forwarded to the EPN Agent, Employer will not have the option of requesting record information to be sent to the Employer’s place of business until this authorization is rescinded.
- 3. Upon obtaining the services of an EPN Agent, Employer must notify DMV (by telephone) and request a billing statement of all unpaid charges. EPN Agent will then submit total payment of unpaid balance, on Employer’s behalf, enabling the EPN Agent to begin with a new billing cycle and balance.
- 4. Employer or EPN Agent agrees to notify DMV, in writing, at least 2 weeks prior to terminating the services of the EPN Agent. Upon receipt of notification all record information will revert back to the Employer’s address of record.

Employer or EPN Agent will forward notices to:

Department of Motor Vehicles
Information Services Branch
ATTN: EPN Agent Coordinator MS H265
PO Box 944231
Sacramento, CA 94244
(916) 657-6346 (Office)

EPN AGENT AUTHORIZATION (Continued)

5. Employer acknowledges that DMV records contain restricted information, and Employer has read and understands the provisions of CVC Section 1808.47.
6. Employer and EPN Agent understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.
7. Employer understands, acknowledges and agrees to absolve and hold harmless the department in any failure on the part of the EPN Agent's non-compliance of agreements established as a result of this process.
8. Employer understands, acknowledges and agrees to absolve and hold harmless the department in any failure on the part of the EPN Agent for non-receipt of driver record information in a timely manner.
9. Should the Department of Motor Vehicles (DMV) cancel, revoke, or terminate the EPN Agent's authority to obtain DMV records, the EPN Agent/Employer relationship shall immediately be dissolved and EPN Agent must return all DMV records back to the Employer's address of record within 48 hours.
10. EPN Agent will submit this Authorization form to DMV, and a copy of the Authorization form containing the Employer's signature must be retained at the Employer's place of business, and made available upon request to DMV Audit staff and the California Highway Patrol.
11. DMV record information must be presented in its entirety either in the pre-approved hardcopy format as provided by DMV to the EPN Agent, or if electronic, the date and unique identifier of the individual reviewing the driver record must be placed on the electronic records received from DMV at the time first reviewed. The identifiers must be permanent and unalterable.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct; and that I have read and understand the above terms and agree to comply with the requirements contained herein.

EXECUTED AT (CITY):	COUNTY	STATE
SIGNATURE OF EMPLOYER (AS AUTHORIZED IN EPN AGREEMENT) X	TITLE	DATE
PRINTED NAME OF EMPLOYER		

IMPORTANT

Information provided on this form is public record, unless expressed otherwise in statute.

No confidential information will be released to the general public.

Applicant must retain a copy of this authorization for their records.