

EMPLOYER PULL NOTICE PROGRAM

2018-19 FISCAL YEAR AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver's License Number _____,
Print your full name as it appears on your Driver's License
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, **Yosemite Community College District (YCCD)**.

I understand that in order to be approved to drive a District vehicle for District business, YCCD will enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

Executed in the City of _____, County of _____, State of California.

Employee Signature

Date

MJC CC CS Staff Student Dept./Division _____

Do Not Write Below This Line.

I, Jim Codoni, an employee of Yosemite Community College District, do hereby certify under penalty of perjury under the laws in the State of California that I am an authorized representative of this company, that the information entered on this document is true and correct to the best of my knowledge, and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1080.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

Executed in the City of Modesto, County of Stanislaus, State of California.

Jim Codoni

Signature of YCCD authorized representative Jim Codoni

Date

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPLE PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

**Return form with original signatures and copy of your Driver's License to
Jim Codoni, YCCD Transportation.**