



## EMPLOYER PULL NOTICE PROGRAM

### [Administrative Procedure 6530: Vehicle Use/Driver Authorization](#)

#### Electronic Form Instructions

Please complete **all fields** **(type form)**.

Upon completion of the fields:

- Review your data for accuracy.
- Print out the document.
- Sign your name (original signature).
- Present the form to your department supervisor for their signature (original signature).

#### **Once completed:**

Submit form to:

**Human Resources, Attn: Eva Brown, MS T220 via mail or send to**  
**[evbrown@miracosta.edu](mailto:evbrown@miracosta.edu)**

If you have any questions, contact Eva Brown at 760.795.6829 or via email at [evbrown@miracosta.edu](mailto:evbrown@miracosta.edu).

Thank you.



## EMPLOYER PULL NOTICE PROGRAM AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

**Completion and submittal of this request is necessary in order to comply with insurance requirements.**

**Please Complete PDF-Fill-In Form—*Handwritten Forms Will Be Returned***

COMPLETE TOP SECTION ONLY (A-I). UPON COMPLETION, SEND TO HUMAN RESOURCES, MS T220			
<b>(A)</b>	<input checked="" type="checkbox"/> Regular Employee	<input type="checkbox"/> Hourly Employee	<input type="checkbox"/> Campus Aide
	<input type="checkbox"/> Student Worker	<input type="checkbox"/> Volunteer	
<b>(B)</b>	I (FULL NAME—As it appears on your driver's license): _____ <div style="text-align: center; color: red; font-weight: bold; font-size: small;">Last Name, First Name Middle Name</div>		
<b>(C)</b>	California Driver License Number ( <i>Capital Letter and Seven Digits</i> ) _____ hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available my driving record to my employer, MiraCosta Community College District.  I understand that my employer may 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.		
<b>(D)</b>	X	_____ <div style="background-color: yellow; font-size: small;">Signature of Applicant</div>	<b>(E)</b>
			Date
<b>(F)</b>	Applicant's email ( <i>provide if NOT listed in MCC College Directory</i> ) _____		
<b>(G)</b>	_____ <div style="background-color: yellow; font-size: small;">Supervisor's Name</div>		
<b>(H)</b>	X	_____ <div style="background-color: yellow; font-size: small;">Signature of Supervisor</div>	<b>(I)</b>
			Date
<b>Allow at least <u>one week</u> for a Motor Vehicle Report response from the DMV and for Risk Management review and decision.</b>			
<p>I, CHARLIE NG, ASSISTANT SUPERINTENDENT/VICE PRESIDENT OF HUMAN RESOURCES, of MiraCosta 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 1808.1. 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.</p> <p>Executed at: _____          Oceanside, San Diego County, California</p> <p>Date: _____  <div style="display: inline-block; text-align: center; vertical-align: middle;">             Charlie Ng  <div style="background-color: yellow; font-size: small;">Signature and Title of Authorized Representative</div> </div> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;">             Assistant Superintendent/Vice              President, Human Resources           </div> </p> <p style="font-weight: bold; font-size: small;">THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.</p>			
<b>DO NOT SEND THIS FORM TO DMV</b>			
Addition Sent:		Deletion Sent:	