

## ***INSTRUCTIONS FOR FILLING IN RELEASE OF DRIVER RECORD INFORMATION***

**All areas indicated on forms must be filled in with the information noted below.** Please type or print information clearly. ***BRING THE ORIGINAL FORMS TO THE SAN LUIS OBISPO EMS AGENCY WITH YOUR EMT CERTIFICATION APPLICATION.***

**Because the required EMPLOYER PULL NOTICE PROGRAM form provided by the DMV indicates the San Luis Obispo County EMS Agency as your employer you must also fill out The Supplement to Authorization for Release of Driver Record Information form on which you acknowledge that the San Luis Obispo County EMS Agency is **not** your employer.**

### **Supplement to Authorization for Release of Driver Record Information Form:**

Fill in first blank with your full name.

Fill in second blank with your California Driver License Number.

“Executed at” is the City and State where you are at the time of your signing the form.

### **Employer Pull Notice Program Form:**

Top half of form

- Fill in first blank with your full name.
- Fill in second blank with your California Driver License Number.
- “Executed at” is the City and State where you are at the time of your signing the form.
- Date and sign

**Do not fill in any other areas on these two forms.**



A Public Service Agency

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

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_,  
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving  
record, to my employer, SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY (EMS AGENCY)  
COMPANY NAME

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.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF EMPLOYEE  
**X**

I, \_\_\_\_\_, of EMS AGENCY  
AUTHORIZED REPRESENTATIVE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

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.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_  
SAN LUIS OBISPO SAN LUIS OBISPO CA

DATE \_\_\_\_\_ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE  
**X**

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program  
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website  
at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

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

**DO NOT RETURN THIS FORM TO DMV.**

Supplement to Authorization for Release of Driver Record Information

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby acknowledge that the entity to which I am authorizing the California Department of Motor Vehicles (DMV) disclose my driving record is my certifying agency, the San Luis Obispo County Emergency Medical Services Agency. I understand that the following terms used in the Authorization are deemed to include the words and phrases in italics below:

"employer" includes *certifying agency*

"employment" includes *maintaining or obtaining certification*

"employee" includes *individual seeking certification*

Executed at \_\_\_\_\_, \_\_\_\_\_  
City State

Signature \_\_\_\_\_ Date \_\_\_\_\_