

USC Risk Management and Insurance

Employer Pull Program Form

Employee Name:	Department/School:
Employee ID:	Email Address:

All employees (faculty, staff, resource, temporary or student workers) who will be driving USC University vehicles or who are regular drivers for USC will be required to complete this form along with the online Authorized Driver Request form to be considered for approval. All such drivers that will thereby be added to the Employer Pull Notice Program must read the following paragraph and complete the Authorization for Release of Information form (Page 2) to be considered for approval.

By providing the following information and signing your name on the Authorization for Release of Information Form you agree to be placed in the USC's Employer Pull Notice Program for the purpose of determining your eligibility for driving privileges and coverage under USC's Vehicle Driver policy. Please note, as part of the Pull-Notice Program, the USC Office of Risk Management & Insurance will be notified by the California Department of Motor Vehicles if the following actions are added to your driving record: Convictions, Failures to Appear, Accidents, Driver's License Suspensions, Driver's License Revocations and any other actions taken against your driving privilege. If any of these actions appear on your record, you may not be cleared as a driver.

If at any point the university receives notice of one of these actions being added to your driving record, your driving privileges may be revoked depending on which action was added. Should you incur any of these actions, you must contact the Office of Risk Management & Insurance or your HR Business Partner within 48 hours. **Please note that drivers are required to be at least have two years licensed driving experience.**

By signing this form you acknowledge that as a further condition for securing and maintaining Authorized Driver status, it is your personal responsibility to (1) report any violations to USC and (2) present and maintain a valid driver's license from your state of legal residence and to comply with licensing and all other aspects of the California Vehicle Code.

LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS):		BIRTH DATE / /
DRIVERS LICENSE NUMBER:	CLASS OF LICENSE	LICENSE STATE
SIGNATURE		DATE



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, _____

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 _____

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
_____		_____	_____
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, 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.