



12345 El Monte Road
Los Altos Hills, CA 94022-4599

Foothill College
De Anza College

CALIFORNIA DMV - EMPLOYER PULL NOTICE PROGRAM (EPN)

ENROLLMENT FORM/APPLICATION TO OPERATE VEHICLE & DMV DRIVER RECORD RELEASE

Employees/Volunteers who are required to operate motorized vehicles on behalf of Foothill-De Anza Community College District ("District") business are required to be safe drivers and operate vehicles in a safe manner. This is your request to operate vehicles on behalf of District business. You must have your supervisor's permission to operate any vehicle on District business.

BEFORE OPERATING A VEHICLE ON DISTRICT BUSINESS, YOU MUST FIRST:

1. Possess and maintain a valid CA State Driver's License. The driver's license must be appropriate for the job and vehicles to be operated, (i.e., class A, B, C).
2. Not have received more than three moving violations, accidents or combination thereof in the past 12-month period.
3. Read, understand, and comply with the District Vehicle Policy & Guidelines at <https://purchasing.fhda.edu/risk-management/f-dmv-handbook.html>.
4. Complete the Electric Cart Training course if applicable. The course is available at MyPortal/ Employee Safety Resource.
5. Enroll in the District's Department of Motor Vehicles Employer Notice Program by completing this form.

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I understand that by signing below, I hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record to Foothill-De Anza Community College District for the purpose of verification of my right to drive a motor vehicle on District business.

For employees, 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 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.

I hereby release and waive any claims that may be related to the use of this information with respect to my employment. In addition, I certify that 1) I am in possession of a valid California Driver's License, and 2) I have not been issued more than three moving violations or have been involved in more than three motor vehicle accidents, (or any combination of more than three thereof), during the past 12-month period.

Type: Employee (FT/PT) Volunteer

Print Name: _____
First Middle Last

Signature: _____ Date: _____

Job Title: _____ Dept: _____ Supervisor: _____

CA Driver's License #: _____ Class: _____ Exp. Date: _____ DOB: _____

DISTRICT SUPERVISOR APPROVAL

I authorize the above-named employee/volunteer to drive a District vehicle in the course of their employee job description or volunteer assignment:

Print Name: _____
First Middle Last

Signature: _____ Date: _____

To complete enrollment, send original copy to Risk Management @ Risk@fhda.edu.