A Public Service Agency

EMPLOYEE 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, CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

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
BAKERSFIELD KERN CA
DATE SIGNATURE OF EMPLOYEE

I Charles G. Truvillion Sr. ________, of CALIFORNIA STATE UNIVERSITY BAKERSFIELD 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
BAKERSFIELD KERN CA
DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

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/other-services, or by calling 916-657-6346.

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

DO NOT RETURN THIS FORM TO DMV
Defensive Driving Permit Request Form

Name:___________________________________________________

Department:______________________  Staff [ ]  Faculty [ ]  Student [ ]

CSUB ID #:_______________________  CSUB Email: __________________________

I request that a California State University, Bakersfield (CSUB) State Owned Motor Vehicle Permit be issued to me identifying myself as a State employee eligible to drive a state-owned motor vehicle / electric cart or a personal / private vehicle on OFFICIAL UNIVERSITY BUSINESS only.

I am aware that:

1. My CSUB driver permit, and my eligibility to drive a state owned motor vehicle, rental vehicle, or campus cart can be revoked if I have been issued more than three moving violations or have been responsible for more than three accidents or any combination there of during the past twelve month period.

2. I am accountable for the proper use of any state owned vehicle, rental vehicle, or campus cart that I drive.

3. I will familiarize myself with the contents of the CSU University and Private Vehicle Policy Guideline, which documents state directives for the use of state owned vehicles.

4. I am required to complete defensive driver training every four years

____________________________________________  __________________________
Signature                Date
FILL OUT THIS FORM ONLY IF YOU DRIVE YOUR OWN CAR ON STATE BUSINESS

Authorization To Use Privately-Owned Vehicles On State Business

FILL OUT:

All employees using their own vehicle during State business must fill out this form each year. When a privately owned vehicle is used on State business the employee’s insurance will be the primary insurance. This form must be submitted to the Accounting Office to be kept on file each year.

Department: Extension #:  

I. CERTIFICATION

(STD. 261 (REV. 04-2004)  
This approval must be renewed annually.  
Supervisor: Retain A Copy

In accordance with State Policy (S.A.M. 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business I will have a valid driver’s license in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law. ($15,000 for personal injury to, or death of one person; $30,000 for injury to, or death of, two or more persons in one accident; $5,000 property damage.) Vehicle Code Section 16028 (effective July 1, 1985) requires all motorists to carry evidence of automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I further certify that while using a privately owned vehicle on official State business, all accidents will be reported on form STD.270 within 48 hours (S.A.M 2541).

I understand that permission to drive a privately-owned vehicle on official State business is a privilege which may be suspended or revoked at any time.

PRINT NAME:   EMPLOYEE’S SIGNATURE:   DATE SIGNED:  

DRIVER’S LICENSE NUMBER:   STATE:   DRIVER’S LICENSE EXPIRATION DATE:  

CALIFORNIA

II. APPROVAL

Your Supervisor or Department Head signs here:

APPROVING AUTHORITY/SIGNATURE:   TITLE:   DATE APPROVED:  

Use of a privately owned vehicle on State business is approved.

III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE’S SIGNATURE:   DRIVER’S LICENSE EXPIRATION DATE:  

APPROVING AUTHORITY SIGNATURE:   DATE APPROVED:  

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE’S SIGNATURE:   DRIVER’S LICENSE EXPIRATION DATE:  

APPROVING AUTHORITY SIGNATURE:   DATE APPROVED:  

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE’S SIGNATURE:   DRIVER’S LICENSE EXPIRATION DATE:  

APPROVING AUTHORITY SIGNATURE:   DATE APPROVED:  

For questions please contact Accounting @ 665-6207 or visit our office -To: Sally Shaff at AP, next to Cashier's window.  
http://www.csub.edu/bas/fiscal/travel/forms/AuthPrivOwnVehi.pdf

CSU Bakersfield - Travel  
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Bakersfield, CA 93311-1099  
General Information: 661-665-6207