

STANFORD UNIVERSITY

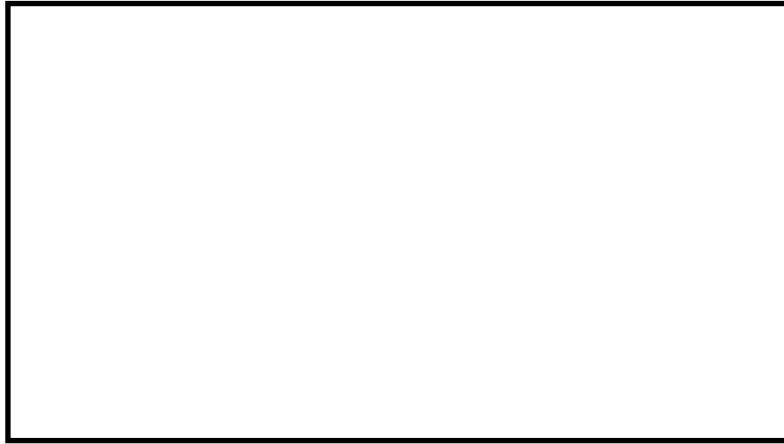
Risk Management

215 Panama Street Bldg D, Stanford, CA 94305-6207; Fax: 650-723-9456

Driver Authorization Forms

As a condition of driving a Stanford University or SLAC vehicle, you must have a valid Driver License. A photocopy of your Driver License must be submitted to Risk Management with this form and the DMV Authorization for Release of Driver Record Information form. You understand that this information will be used by Stanford to verify your driving status through the California Department of Motor Vehicles (DMV) Employer Pull Notice Program or other type of driving record verification program and authorize Stanford to obtain such information.

If your job requires you to drive a University or SLAC vehicle on a regular basis, you are required to immediately report any change in your driving status which may impact your ability to drive at work to your supervisor.



Attach legible photocopy of driver's license in above space

- I have an out of state license.
 - I have had a California Driver License for less than three (3) years
- (If either box is checked, you are responsible for obtaining your out of state driving record and providing it to your Supervisor and Risk Management)

I have read the above statements and understand and agree to them.

Drivers Information			<input type="checkbox"/> Employee	<input type="checkbox"/> Temporary	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer
Signature				Date Signed		
Clearly Print Name		Driver License		Date of Birth		
Department Section						
Contact Name/Department Name			Mail Code		Phone	

Return completed form to: Risk Management; 215 Panama Street, Bldg D; Stanford, CA 94305-6207 or I.D. Mail Code: 6207 or Fax: (650) 723-9456



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, _____, AUTHORIZED REPRESENTATIVE, of _____, 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.

DO NOT RETURN THIS FORM TO DMV.

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Stanford, CA or I.D. Mail Code 6207 or Fax: (650)723-9456*