



INFORMATION SERVICES BRANCH

EMPLOYER PULL NOTICE PROGRAM APPLICATION

PLEASE PRINT CLEARLY IN INK OR TYPE

MAIL COMPLETED FORMS TO:

DMV Information Services - EPN
P.O. Box 944231 - MS H-265
Sacramento, CA 94244-2310

DMV USE ONLY

REQUESTER CODE

SECTION A - ACCOUNT INFORMATION

Form with fields: COMPANY NAME, DBA, ATTENTION, EMAIL ADDRESS, TELEPHONE NUMBER, MAILING ADDRESS, CITY, STATE, ZIP CODE, ACCOUNT CONTACT PERSON, STREET ADDRESS (PHYSICAL ADDRESS).

SECTION B - BILLING ADDRESS (Complete only if different from above)

Form with fields: BILLING ACCOUNT CONTACT PERSON(S), TELEPHONE NUMBER, ATTENTION, BILLING ADDRESS, CITY, STATE, ZIP CODE.

SECTION C - LICENSING AND BUSINESS IDENTIFICATION

Instructions: Complete the following on the individual participating in the direction, control or management of the business. Provide federal employer identification number.

Form with fields: NAME (LAST, FIRST, MI), TITLE, DL/ID NUMBER, STATE ISSUED, EXPIRATION DATE, EMAIL ADDRESS, FEDERAL EMPLOYER IDENTIFICATION NUMBER.

SECTION D - ACCOUNT USE AND HISTORY (Answer each question)

Form with questions: 1. STATE YOUR PURPOSE FOR ENROLLMENT (BE SPECIFIC), 2. ARE ALL OF YOUR EMPLOYEES MANDATED TO BE ENROLLED IN THE PULL NOTICE PROGRAM PURSUANT TO VEHICLE CODE SECTION 1808.1(b)?, 3. HAS YOUR COMPANY PREVIOUSLY BEEN ISSUED A REQUESTER CODE?

SECTION E - CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the information contained herein is true and correct to the best of my knowledge and belief. I understand that this information is provided for the lawful conduct of this business and the pursuit of its interest and that any misuse will result in both cancellation of the requester number and refusal of subsequent application for requester number.

Form with fields: SIGNATURE OF AUTHORIZED REPRESENTATIVE (SAME PERSON AS IN SECTION C), PRINT NAME OF AUTHORIZED REPRESENTATIVE.

DMV USE ONLY

Form with fields: APPROVED BY, DATE APPROVED, DATE RECEIVED.

NOTE: If any information submitted on this application changes, you MUST submit a Notice of Change form (INF 4) within 10 days.