

UC Merced Employer Pull Notice Request / Verification

Driver: Work with your Supervisor/ Authorizing Person (not a student) to complete this form. Completed forms may be submitted to your Departmental Intake Designee, Transportation and Parking Services, or the Department of Public Safety; they will verify the information on the Form with the information on your License and then submit the Form to be input. **DO NOT copy your License .** Please allow up to 10 business days for processing California Licenses. Out of state licenses* are subject to that State's policies and response time. For more information visit risk.ucmerced.edu/DMV-EPN.

Driver's Information must reflect what is on the Driver's License (Please type or print legibly)

Last Name(s): _____ Date of Birth: _____

First Name(s): _____ Middle Name(s): _____

License Number: _____ State: _____ Expiration Date: _____

UCMerced Net ID or valid Email Address: _____

Driver's Affiliation: Faculty Staff Undergraduate Student Grad Student Affiliate

Supervisor/ Authorizing Person's Name **and** Phone Number: _____

Dept Code: _____ Dept Name: _____ Other UCM Contact: _____

Anticipated Frequency of Driving University Vehicles Driver - Person who has Driving listed as an Essential Duty (eg: Mail Delivery)
Job Code: _____ Job Title: _____
Frequent Driver (not hired as a Driver)
Infrequent Driver (does not frequently drive on behalf of the University)
One Time Driver - One-time review of Driving record for specific date(s): _____
(will **not** be enrolled in UC Merced's ongoing DMV Pull Program)
Other (state purpose): _____

Driver must attest, sign and date this Authorization to review and report on their Driving Record:

I, _____, authorize the information obtained through the Employer Pull Notice Program to be shared with my supervisor and contact listed above, indefinitely. I understand the results may be shared with Risk Management, Ethics and Compliance, Transportation and Parking Services, and as applicable the Departments of Human Resources and Academic Personnel. I may revoke this authorization by providing written notice to UC Merced Risk Management.

Driver's Signature shall be similar to the one on the Driver's License
or a Certified Digital Signature

Date

Verification - to be completed by Intake Designee

The information above is legible and accurately reflects what is on the Driver's License Number: _____

Reviewer' Name: _____ Signature: _____ Date: _____

**Periodically, we may require a copy of an out-of-state license*