

UC MERCED EMPLOYER PULL NOTICE REQUEST/VERIFICATION

Driver: Work with Supervisor/Contact to complete form. Take completed form and valid driver's license to an intake designee for verification. Incomplete submissions will not be accepted. 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 *ONLY submit a copy of the license if it is NOT a California License

Driver Information (Please type or print clearly)

Name as it is on License: _____ Date of Birth: _____

Driver License Number: _____ State: _____ Expiration Date: _____

UC Merced Email Address: _____

Driver Affiliation Faculty Staff Affiliate Undergraduate Student Graduate Student

Department Code/Title: _____ Date of Request: _____

Authorizing Person (may not be a student)

Name/Phone/Email: _____

Other Departmental Contact(s): _____

Driving is listed in Driver's Position Description

Anticipated Job Code: _____ Title: _____

Frequency of Driving Frequent / Regular Driver (Driving is **not** listed in Position Description)

Infrequent Driver

University Vehicles One-Time Driver (One-time check only*) Specify Date(s): _____

Background Check (One-time check only*)

* One-time check only: not included in ongoing Pull Notice Program

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 Office, Transportation and Parking Services, and as applicable, Human Resources, Academic Personnel or Student Employee Services. I can revoke this authorization by providing written notice to UC Merced Risk Management.

Driver Signature *(must be a 'wet' signature, or a certified digital signature)*

Date

Verification to be Completed by Intake Designee

_____ was verified as belonging to Driver named above and person submitting form.

Driver's License Number

Signature of Designee _____ Date Verified _____

Print Name _____ Department _____

For out of state licenses, please include a copy of the license.