



# 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

COMPANY NAME		DBA	
ATTENTION	EMAIL ADDRESS	TELEPHONE NUMBER ( ) EXT.	
MAILING ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT CONTACT PERSON	EMAIL ADDRESS	TELEPHONE NUMBER ( ) EXT.	
STREET ADDRESS (PHYSICAL ADDRESS)	CITY	STATE	ZIP CODE

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

BILLING ACCOUNT CONTACT PERSON(S)	TELEPHONE NUMBER ( ) EXT.
ATTENTION:	TELEPHONE NUMBER ( ) EXT.
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.

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)

1. STATE YOUR PURPOSE FOR ENROLLMENT (BE SPECIFIC)

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2. ARE ALL OF YOUR EMPLOYEES MANDATED TO BE ENROLLED IN THE PULL NOTICE PROGRAM PURSUANT TO VEHICLE CODE SECTION 1808.1(b)?

Yes  
 No (NOTE: Any employee who is not mandated to be enrolled in the pull notice program must have a signed waiver [INF 1101 or similar] on file at the employer's worksite.)

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3. HAS YOUR COMPANY PREVIOUSLY BEEN ISSUED A REQUESTER CODE?

Yes  No If yes, complete the following:

a) Company name(s) in which Requester Code(s) issued: \_\_\_\_\_

b) Requester Code(s) previously issued: \_\_\_\_\_

## 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.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE (SAME PERSON AS IN SECTION C) <b>X</b>	PRINT NAME OF AUTHORIZED REPRESENTATIVE
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## DMV USE ONLY

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