

## EMPLOYER PULL NOTICE PROGRAM ENROLLMENT APPLICATION (INF 1104) INSTRUCTIONS

All Employer Pull Notice (EPN) applicants must complete this application in its entirety to avoid processing delays, and pay the required \$5 fee for each enrolled driver. Checks must be made out to the California Department of Motor Vehicles (DMV) and submitted with the application. An original signature is required from the Authorized Representative. The application must be completed clearly in ink, by typewriter, or online then printed, and mailed to the address below.

### SECTION 1 — ACCOUNT INFORMATION (*Check only one business entity box and enter the required information*)

#### • **Business Entity Types (Definitions):**

- **INC (Corporation)** – A corporation registered with the Secretary of State, or a Non-Profit organization. (Must provide: name of corporation, federal employer identification number (FEIN), or entity number.)
- **LLC (Limited Liability Company)** – An LLC registered with the Secretary of State. (Must provide: name of LLC, FEIN, or entity number.)
- **Partnership** – A legally organized partnership (Must provide: name of all partners, FEIN, social security number (SSN), or entity number.)
- **Sole Proprietor/Individual** – An individual operating as a sole proprietor. (Must provide: the full legal name (as shown on your DL), and SSN.)

• **Company Legal Name/Sole Proprietor Name:** List the legal name of the company or sole proprietor. (Maximum of 35 characters)

• **Doing Business As (DBA):** List the trade name or fictitious business name. (Maximum of 35 characters)

• **Business License Number/Entity Number:** Assigned to your company by the county or Secretary of State.

• **Federal Employer Identification Number/Social Security Number:** For the company or owner.

• **Attention to Person:** Person or department who will be receiving DL printouts, invoices, and correspondence.

• **Email:** Provide the email for the company. (Maximum of 35 characters)

• **Telephone Number:** Provide the business telephone number.

• **Mailing Address:** Provide the company's full address with city, state, and zip code to be used for all records and correspondence.

• **Contact Person(s):** Person(s) within the company who can contact EPN regarding the company's EPN account.

• **Physical Address:** Address where business is conducted or terminal location where inspections are held.

• **Account History:** If your company has been issued a previous Requester Code, provide the company name and previous Requester Code(s) or Automated Billing Information Services (ABIS) account number. If your company requires multiple active accounts, select the "Yes, Requester Code is Active, Keep Open" box.

**Note:** Current and previous inactive accounts must be closed and paid in full before a new account is established. Call EPN if you have any questions regarding a previous account or past due amounts at (916) 657-6346.

### SECTION 2 — AUTHORIZED REPRESENTATIVE

• For identification purposes, provide the name of the individual within the company responsible for managing the EPN account, their title, DL number, and state where the license was issued.

### SECTION 3 — BILLING ADDRESS

• Complete this section only if the contact and mailing information is different from the information provided in Section 1.

**Note:** All subsequent invoices for this account will be sent to the billing address on file. If you have any questions, please call (916) 657-6346.

### SECTION 4 — DRIVER ENROLLMENT (*Complete this section if you have only one driver to add to the account*)

• **California Driver License or "X" Number:** Provide the complete California DL number, or the "X" number assigned to the driver.

• **Driver Last Name:** Provide the true full legal last name as it appears on the driver license.

• **Remarks Column:** Optional field for employers to add information to the Driver Record Report (DL 414).

**Note:** The application will not be processed unless a minimum of one driver is enrolled. If you have two or more drivers you must complete a Commercial Employer Pull Notice Enrollment of Drivers form (INF 1100). If you have drivers with an out-of-state Driver License, you must complete a Commercial or Government Employer Pull Notice Enrollment of Out-of-State Drivers form (INF 1102) and attach a copy of the out-of-state license for every driver added.

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**SECTION 5 — CERTIFICATION (ORIGINAL SIGNATURE REQUIRED)**

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- This section must be signed by the Authorized Representative identified in Section 2 of the application, and include the Representative's printed name.

***For processing time, please allow up to thirty (30) days from the date the application is received in the unit. Keep a copy of the completed form for your records.***

***Please mail the completed form(s) with original signature and related fees to:***

**Mailing Address:**

Department of Motor Vehicles  
EPN Program - H265  
P.O. Box 944231  
Sacramento, CA 94244-2310

**Overnight Address:**

Department of Motor Vehicles  
EPN Program - H265  
2415 First Avenue  
Sacramento, CA 95818

**Note:** DMV does not permit the use of unauthorized third party persons to receive confidential information. Please see list of authorized EPN Agents at: **[www.dmv.ca.gov](http://www.dmv.ca.gov)**

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# EMPLOYER PULL NOTICE PROGRAM APPLICATION

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

Department of Motor Vehicles  
Information Services Branch  
Employer Pull Notice—H265  
P.O. Box 944231  
Sacramento, CA 94244-2310

### DMV USE ONLY

REQUESTER CODE

Please print clearly in ink or type. \$5 enrollment fee due.

### SECTION 1 — ACCOUNT INFORMATION INC LLC PARTNERSHIP SOLE PROPRIETOR / INDIVIDUAL

COMPANY LEGAL NAME/SOLE PROPRIETOR NAME (MAX 35 CHARACTERS)		DOING BUSINESS AS (DBA) (MAX 35 CHARACTERS)	
BUSINESS LICENSE NUMBER/ENTITY NUMBER		FEDERAL EMPLOYER IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER	
ATTENTION TO PERSON	EMAIL (MAX 35 CHARACTERS)	TELEPHONE NUMBER ( )	EXT.
COMPANY MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON(S)		TELEPHONE NUMBER ( )	EXT.
STREET ADDRESS (PHYSICAL ADDRESS)	CITY	STATE	ZIP CODE

Has your company previously been issued a requestor code?  Yes (Complete Part A and B)  No  
Would you like the previously issued Requester Code to remain open?  Yes, Requester Code is Active, Keep Open

**Note:** All past due amounts on previous inactive accounts must be paid in full.

- a) Company name(s) in which Requester Code(s) issued: \_\_\_\_\_
- b) ABIS Account/Requester Code(s) previously issued: \_\_\_\_\_

### SECTION 2 — AUTHORIZED REPRESENTATIVE (Individual within the company responsible for managing the EPN account.)

NAME (LAST, FIRST, MI)	TITLE
DRIVER LICENSE NUMBER	STATE ISSUED

### SECTION 3 — BILLING ADDRESS (Complete only if different contact and mailing information)

**Invoices will be sent to this address from the Automated Billing Information Services (ABIS) unit.**

BILLING ACCOUNT ATTENTION TO PERSON(S)	EMAIL (MAX 35 CHARACTERS)	TELEPHONE NUMBER ( )	EXT.
BILLING ACCOUNT CONTACT PERSON(S)		TELEPHONE NUMBER ( )	EXT.
BILLING ACCOUNT ADDRESS	CITY	STATE	ZIP CODE

### SECTION 4 — DRIVER ENROLLMENT

**A minimum of one driver must be added at the time of EPN application enrollment. (If you have more than one driver to add, use form INF 1100. If the driver(s) have an out of state driver license, use form INF 1102.)**

CALIFORNIA DRIVER LICENSE OR "X" NUMBER	DRIVER LAST NAME ONLY	"REMARKS" FOR YOUR USE (OPTIONAL) (MAX 21 CHARACTERS)
1)		

### SECTION 5 — CERTIFICATION (ORIGINAL SIGNATURE REQUIRED)

**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 any misuse may result in cancellation of the EPN account. By signing this application, I certify that I have read, understand and agree to all of the EPN Program Requirements provided on the DMV EPN website at [www.dmv.ca.gov](http://www.dmv.ca.gov).**

SIGNATURE OF AUTHORIZED REPRESENTATIVE (SAME PERSON AS IN SECTION 2) <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.