

**EMPLOYER TESTING PROGRAM  
 REQUEST FOR REACTIVATION  
 EMPLOYER NUMBER**

FOR DMV USE ONLY	
APPLICATION APPROVED	EFFECTIVE DATE
APPROVED BY	DATE

My firm voluntarily cancelled its Employer Number on \_\_\_\_\_ DATE \_\_\_\_\_.

I am requesting reactivation of my firm's Employer Number. I understand that if my Employer Number is due to expire within 60 days, I am required to complete and submit an Application for Employer Number (DL 520 ETP), the renewal fees, and route documentation for my primary and alternate drive test routes

EMPLOYER NAME	EMPLOYER PHONE NUMBER ( )
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EMPLOYER MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMPLOYER STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ADMINISTRATOR PRINTED NAME	WORK PHONE NUMBER ( )
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**If my company does not fulfill its responsibilities or no longer qualifies for an employer number under Title 13 and California Vehicle Code (CVC) §15250, I understand that the department will cancel, suspend or revoke my employer number. I further certify the Employer will abide by the provisions in Title 13, California Code of Regulations, Article 2.1, & 25.06 - 25.23, CVC §§12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.**

***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am the authorized Administrator of the program for the above named employer.***

PRINTED NAME AND TITLE	ADMINISTRATOR'S DL NUMBER	DATE
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SIGNATURE OF ADMINISTRATOR \_\_\_\_\_

**X**

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Upon request, this document can be produced in Braille or large print. Phone services to DMV employees are available for the deaf or hard of hearing by calling (916) 657-5616 (TDD phone), or the California Relay Telephone Service at 1-800-735-2929 (TDD phone) and 1-800-735-2922 (voice phone).**