

DRIVING AUTHORIZATION PROCESS INSTRUCTIONS

Non-State Employees and Volunteers

IF YOU HAVE DIFFICULTY WITH ANY PORTION OF THIS PROCESS PLEASE CONTACT THE OFFICE OF EHS/RISK MANAGEMENT AT (559) 278-7422.

In order to be authorized to drive on state business as a non-state employee or volunteer, you must complete the following steps:

- 1) Complete Driving Authorization Information form, Authorization for Release of Driver Record Information form and Volunteer Application and Appointment form. Copies of all forms are provided below.
- 2) Complete Defensive Driving training course.

HOW TO ACCESS AND GET CREDIT FOR THE DEFENSIVE DRIVING COURSE:

- 1) Go to <http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>
- 2) Click on the arrow in the center of the picture to begin training (see figure 1). The training consists of 11 sections and will take between 2-2.5 hours to complete.
- 3) Upon completion, you ***must*** print the certificate of completion. There is no other way to confirm that you have successfully completed the training. Refer to the instructions in the Course Highlights on the web page.

DMV DRIVING RECORD

- 1) EHS will review your current DMV driving record – your record must meet University standards. This will take 24-48 hours after we receive your forms; or
- 2) To fast track obtaining your DMV record you may use one of the two following methods:
 - A) Order online from the California DMV for \$2.00 <http://dmv.ca.gov/online/onlinesvcs.htm>
Note: you will need to register with the website first.
 - B) Go to local DMV; pay \$5 for a copy of your driving record.Include the copy of your driving record along with your other forms.

Copies of the Driving Authorization Information form, Authorization for Release of Driver Record Information forms and your Defensive Driving training certificate of completion – must be turned in to the EHS/Risk Management Office at the Plant Operations building, or sent to our office by campus mail at MS PO 140, or sent via fax @ 278-1153. Don't forget to include your contact information.

The original copy of the Volunteer Application and Appointment form must be sent to the Human Resources Office at Joyal Administration 211, MS JA 71, with a copy being provided to the EHS/Risk Management Office.

**Office of Environmental Health & Safety, Risk
Management and Sustainability**

**Driving Authorization Information
(PLEASE TYPE or PRINT)**

Last Name: _____ First Name: _____

People Soft ID: _____ CSUF Email: _____
(Student/Employee ID)

CDL#: _____ Exp: _____ DOB: _____

Employee Status: Student Assistant Non-State/Volunteer _____

Department: _____

Employed by: Foundation Auxiliary Athletic Corp State

Mail Stop: _____ Extension: _____

Supervisor Name: _____

Please acknowledge by signature below that you will adhere to University Policy Number G 14.1 "University Policy and Risk Management Criteria for Driving on University (State) Business." This policy is located at the following link:

<http://www.csufresno.edu/humres/MAPP/II/G/documents/MAPP.G-14.pdf>

I acknowledge and understand that 15 passenger vans must not be rented or used for University business.

Date Signature Printed Name

For Office Use Only:

New: Renewal:

Test Date: _____

Authorization Received: Packet Sent: _____

DMV Record Received: Approved: Yes No

Date Card Issued: _____ Request Date: _____



EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808 1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE OF EMPLOYEE X
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I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808 1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808 45 and 1808 46

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

VOLUNTEER APPLICATION AND APPOINTMENT FORM

CAMPUS ID #	_____		
NAME:	_____	_____	_____
	Last	First	MI
ADDRESS:	_____		
	Street	City	Zip
PHONE #:	(____) _____		
EMAIL:	_____		
EMERGENCY CONTACT:	_____	(____) _____	
	Name	Phone	
ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES PROVIDE BIRTHDATE _____			

DEPARTMENT:	_____		
EFFECTIVE DATE:	_____	END DATE:	_____
SUPERVISOR:	_____		_____
	Name	Phone Extension	
SUMMARY OF ASSIGNMENT:			
WILL VOLUNTEER NEED TO DRIVE A VEHICLE ON UNIVERSITY BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No		WILL VOLUNTEER NEED TO TRAVEL ON UNIVERSITY BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

Signature of Volunteer

Date

Department Head/Dean Approval

Date