

PCCD – GENERAL SERVICES VEHICLE RESERVATION FORM

RESERVATION: Reservations should be made in advance to best assure that a van is available.

RESPONSIBILITY: I hereby take full responsibility for the signed out Vehicle(s), License Plate #1257744 and or License Plate #1257745. I, the driver assigned, hold a valid California driver license. I agree to obey the traffic regulations and will take full liability for any traffic, or parking violation during the time frame listed below. I acknowledge that the van was borrowed with a full tank of gasoline and will return it with a full tank.

DRIVERS: Drivers need to be pre-approved with a DMV BACKGROUND CHECK THROUGH Risk Management before vans can be released. Allow 21 days for processing.

VEHICLE DAMAGE/ACCIDENT: Should there be any damage to the vehicle, or the vehicle is involved in an accident, I will report the damage, or accident immediately to the office of General Services, 510-466-7341; or, after hours to the Sheriff's Office, 510-466-7326.

VEHICLE CONDITION UPON RETURN: I understand that the van is to be clean, refueled and the key returned to Physical Plant no later than the specified date.

DRIVER #1			
Reservation Date: _____	Time: _____	Return Date: _____	Time: _____
Name of Driver: _____	Department: _____		
Phone #: _____	Cell Phone: _____		
Driver License #: _____	Valid Until: _____		
Signature of Driver: _____	Approved DMV: <input type="checkbox"/>		
Date: _____			

DRIVER #2			
Reservation Date: _____	Time: _____	Return Date: _____	Time: _____
Name of Driver: _____	Department: _____		
Phone #: _____	Cell Phone: _____		
Driver License #: _____	Valid Until: _____		
Signature of Driver: _____	Approved DMV: <input type="checkbox"/>		
Date: _____			

Purpose for Use:

Director of General Services Approval: _____
Dr. Sadiq Ikhara, Vice Chancellor

DGS USE ONLY

Actual Date Vehicle Returned: _____	Miles: _____	Fuel Level: _____
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A Public Service Agency

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, _____ Peralta Community College District 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
Oakland Alameda CA
DATE SIGNATURE OF EMPLOYEE
X

I, _____, of Peralta Community College District 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
Oakland Alameda CA
DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

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.