



OFFICE OF HUMAN RESOURCES
 114 S. Del Rosa Dr. San Bernardino, CA 92408
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DRIVER RECORD INFORMATION AUTHORIZATION

FULL NAME AS IT APPEARS ON DRIVER'S LICENSE		CA DRIVER'S LICENSE NUMBER (ATTACH COPY)		CLASS						
ADDRESS		CITY	STATE	ZIP CODE						
PHONE NUMBER		DEPARTMENT		BUSINESS PHONE NUMBER						
DATE OF BIRTH		VEHICLE YEAR, MAKE, & MODEL		CA LICENSE PLATE NUMBER						
AUTOMOBILE INSURANCE COMPANY (ATTACH COPY)			POLICY NUMBER							
<p>HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST THREE (3) YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>IF YES, PLEASE LIST:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: left;">VIOLATIONS</th> <th style="width: 20%; text-align: left;">DATE</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> </tbody> </table>					VIOLATIONS	DATE	1. _____	_____	2. _____	_____
VIOLATIONS	DATE									
1. _____	_____									
2. _____	_____									
<p>WERE YOU EVER ON THE DISTRICT'S APPROVED DRIVER'S LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN _____</p> <p>IDENTIFY THE FREQUENCY YOU DRIVE YOUR PERSONAL VEHICLE AS A PART OF YOUR JOB IN CONDUCTING DISTRICT BUSINESS.</p> <p><input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER _____</p>										

I ACKNOWLEDGE THAT THE SAN BERNARDINO COMMUNITY COLLEGE DISTRICT BOARD POLICY AND ADMINISTRATIVE PROCEDURES 7420, REQUIRES THAT I BE LISTED ON THE CURRENT APPROVED DRIVER'S LIST AND PROVIDE PROOF THAT I POSSESS A VALID CALIFORNIA DRIVER'S LICENSE AND THE MINIMUM AUTOMOBILE INSURANCE COVERAGE LIMITS IN ORDER TO OPERATE MY PERSONAL VEHICLE WHILE ON DISTRICT BUSINESS. MY SIGNATURE BELOW AUTHORIZES THE DISTRICT TO OBTAIN MY DRIVER RECORD INFORMATION FROM THE CALIFORNIA DEPARTMENT OF MOTOR VEHICLES AND ENROLL ME IN THE EMPLOYER PULL NOTICE (EPN) TO RECEIVE A DRIVER RECORD REPORT AT LEAST ONCE A YEAR OR WHEN ANY SUBSEQUENT CONVICTIONS, FAILURES TO APPEAR, ACCIDENTS, DRIVER'S LICENSE SUSPENSION, REVOCATION, OR ANY OTHER ACTION IS TAKEN AGAINST MY DRIVING PRIVILEGE DURING MY EMPLOYMENT. I UNDERSTAND THAT IF A SUSPENSION OR REVOCATION APPEARS ON MY DRIVER RECORD, I WILL BE REMOVED FROM THE DISTRICT'S APPROVED DRIVER'S LIST. I FURTHER UNDERSTAND THAT ANY MILEAGE CLAIM(S) WILL BE REIMBURSED ONLY IF I AM ON THE DISTRICT'S APPROVED DRIVER'S LIST. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE

 DATE