

**DMV EPN PROGRAM ENROLLMENT/DELETION FORM**

**Please check one:**

\_\_\_\_\_ **ADD employee to the DMV Employee Pull Notice Program**

\_\_\_\_\_ **DELETE employee from the DMV Employee Pull Notice Program**

**Effective date:** \_\_\_\_\_

**Employee name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Number      Street      Apartment**

\_\_\_\_\_  
**City      State      Zip**

**Driver's License Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

**Department Head      Date**

\_\_\_\_\_  
**Please print–Department Head/Chair**

**Department:** \_\_\_\_\_

**Please return completed form to Transportation Services**

**You may duplicate this form as needed.**