

DMV Pull Notice Information Statement



Campus Life
Services

Transportation

Parnassus Campus
500 Parnassus Avenue
P7 Room 26
San Francisco, CA 94143-0240
Tel: 415.476.2566
Fax: 415.476.9633

Mount Zion Campus
2420 Sutter Street
TDM Office - Level P1
San Francisco, CA 94143
Tel: 415.514.8935
Fax: 415.514.5623

Mission Bay - Campus
1625 Owens Street
Room 104
San Francisco, CA 94143-0299
Tel: 415.476.1511
Fax: 415.476.0499

Mission Bay - Hospital
1835 Owens Street
Owens Garage Level P1
San Francisco, CA 94143-4004
Tel: 415.476.7947
Fax: 415.476.0707

From:

To:

Fernand Regalado
fernand.regalado@ucsf.edu
Box 0299

In accordance with the DMV Pull Notice System, the following information is provided:

1. License Number:

2. Expiration Date:

3. Photocopy of my current driver's license is attached.

In addition, I acknowledge reading/receipt of the following:

1. Inclusion of my license in the DMV "Pull Notice System" in accordance with University policy. I understand that unsatisfactory reports may be used as a basis for corrective action up to and including dismissal.
2. I certify that I hold a valid current California Driver's License.
3. I certify that my license has not been impaired suspended, revoked, canceled or restricted in the last 36 months. I agree to notify my department manager or supervisor immediately, in writing, of any impairment suspension, revocation, cancellation, or expiration of my license. This agreement is to remain in effect as long as I remain an active employee of the University of California San Francisco and assigned duties or responsibilities involving the operation and driving of University vehicles.
4. I certify that I am aware that using University vehicles is for official business use only, and that personal use is prohibited by University policy.

Signature of Employee

Date

Department Retains Original (Personnel File)

Copy to: Transportation Services Office (with photocopy of driver's license).