STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

EMPLOYER TESTING PROGRAM (ETP)

Administrator Training
Self - Certification

I, _____ ,
Printed name of the designated ETP Administrator

certify under penalty of perjury under the laws of the State of California, I have received the ETP Administrator Manual issued by the California Department of Motor Vehicles and understand that my role and duties as an ETP administrator for the organization named below require that I have read and understand the information therein.

_____	_____
Printed name of the Company	Assigned Employer Number
_____	_____
Administrator's Signature	Date Signed

This certification must be completed and e-mailed to DMV's ETP Unit at ***DMVLODOLETP@dmv.ca.gov*** within 30 days of receiving the ETP Administrator Manual. Scanned forms must be legible. Electronic signatures are acceptable.

Print Clear Form