STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

EMPLOYER TESTING PROGRAM
APPLICATION FOR EMPLOYER NUMBER
FEE: $45.00

For clarity, please complete this form with a black or blue pen.

FOR DMV USE ONLY			
☐ Original	☐ Renewal	☐ Fee	☐ No Fee
☐ Change of Class		☐ Change of Authorized Representative	
☐ Change of Administrator			
EFFECTIVE DATE OF AGREEMENT		APPROVED BY	
CLASS APPROVED FOR	PRESENT DATE	COMPANY CHECK #	
EMPLOYER #		DATE LETTER SENT	

LIST APPLICATION TYPE: ☐ Original ☐ Renewal

CHANGE OF:

☐ Address (Section 1 & 4)
☐ Authorized Representative (Sections 1, 3, & 4)
☐ Class of License (Section 1, 2, & 4)
☐ Administrator (Complete Entire Application)

SECTION 1 — EMPLOYER INFORMATION

PRINCIPAL NAME(S) AND DBA | PREVIOUS EMPLOYER NUMBER | TELEPHONE NUMBER ( )

MAILING ADDRESS | EMAIL ADDRESS

STREET ADDRESS | CITY | STATE | ZIP CODE

Indicate number of commercial drivers employed _____. Number of commercial vehicles in fleet _____.

Describe nature of business and use of vehicles: _____.

Employer is in the Employer Pull Notice Program (EPN) ☐ Yes ☐ No If yes, EPN Number _____

SECTION 2 — VEHICLE TYPE DESCRIPTION

I wish to certify for: (*Must be in conjunction with the nature of the business.*)

☐ Class A non-passenger (tractor-trailer) drive test
☐ Class B non-passenger drive test
☐ Class A passenger (trailer bus) drive test
☐ Class B Bus 11-15 passengers including the driver
☐ Class B Bus 16 or more passengers including the driver

My employees are driving vehicles carrying hazardous materials. ☐ Yes ☐ No

SECTION 3 — ROUTE AND RECORD INFORMATION

Location where my company's drive tests will be conducted at: ☐ Additional page(s) attached.

☐ **PRIMARY** | ROUTE APPROVAL # | TELEPHONE NUMBER ( )

STREET ADDRESS | CITY | STATE | ZIP CODE

☐ **ALTERNATE** | ROUTE APPROVAL # | TELEPHONE NUMBER ( )

STREET ADDRESS | CITY | STATE | ZIP CODE

My company's training, testing, and employment records are kept at: ☐ Additional page(s) attached.

FACILITY NAME | TELEPHONE NUMBER ( )

STREET ADDRESS | CITY | STATE | ZIP CODE

FACILITY NAME | TELEPHONE NUMBER ( )

STREET ADDRESS | CITY | STATE | ZIP CODE

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SECTION 4 — AUTHORIZED REPRESENTATIVES

List of Authorized Representatives: ☐ Additional page(s) attached.

NAME	DL #	TELEPHONE NUMBER	DATE	
		( )		☐ ADD ☐ DELETE
STREET ADDRESS	CITY	STATE	ZIP CODE	

NAME	DL #	TELEPHONE NUMBER	DATE	
		( )		☐ ADD ☐ DELETE
STREET ADDRESS	CITY	STATE	ZIP CODE	

NAME	DL #	TELEPHONE NUMBER	DATE	
		( )		☐ ADD ☐ DELETE
STREET ADDRESS	CITY	STATE	ZIP CODE	

NAME	DL #	TELEPHONE NUMBER	DATE	
		( )		☐ ADD ☐ DELETE
STREET ADDRESS	CITY	STATE	ZIP CODE	

NAME	DL #	TELEPHONE NUMBER	DATE	
		( )		☐ ADD ☐ DELETE
STREET ADDRESS	CITY	STATE	ZIP CODE	

NAME	DL #	TELEPHONE NUMBER	DATE	
		( )		☐ ADD ☐ DELETE
STREET ADDRESS	CITY	STATE	ZIP CODE	

SECTION 5 — CERTIFICATION

If my company does not fulfill its responsibilities or no longer qualifies for an employer number under *California Vehicle Code* §15250, I understand that the department will cancel, suspend or revoke my employer number. I further certify the Employer will abide by the provisions in Title 13, *California Code of Regulations*, Article 2.1, & 25.06 - 25.23, CVC §§12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.

California state law allows the California Department of Tax and Fee Administration and the Franchise Tax Board to share taxpayer information with DMV and requires you to pay a delinquent state tax obligation. Failure to pay this delinquent tax obligation may result in the suspension of this license.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that I am the authorized Administrator of the program for the above named employer.

ADMINISTRATOR'S PRINTED NAME AND TITLE	ADMINISTRATOR'S DL NUMBER
SIGNATURE OF ADMINISTRATOR **X**	DATE SIGNED
STREET ADDRESS CITY STATE ZIP CODE	

Print Clear Form

The Department of Motor Vehicles (DMV) will use the information on this application to determine if your organization qualifies to issue Certificates of Driving Skill (DL 170 ETP) for your employees in compliance with the California Vehicle Code (CVC). Information submitted is subject to verification by personnel of the DMV.

Changes or corrections to the form will void the form unless initialed by the person who made them.

Incomplete forms will be returned.

Prior to receiving authorization to participate in the Employer Testing Program (ETP), an on-site review may be required when the company is new to the program, or when prior authorization has been canceled, suspended, revoked, or expired over one year.

The on-site review will require a demonstration by the Employer of a commercial drive test comparable to the standards used by DMV Examiners to license commercial drivers. Information on requirements may be found in the Employer Testing Handbook (DL 533 ETP) available at local DMV field offices or by calling the ETP Unit at (916) 229-3154.

The following criteria must be met and maintained to qualify for an employer number:

- The Administrator signing the Application for Employer Number (DL 520 ETP) must certify, under penalty of perjury, to the accuracy of the application and that the Employer will abide by the provisions in Title 13, California Code of Regulations, Article 2.1, §25.06-25.23, CVC Sections 12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.
- A new Application for Employer Number (DL 520 ETP) must be submitted within ten (10) days of occurrence if the Employer changes the Administrator, or the Administrator leaves employment of the company.
- Your company must have a driver testing/training program.
- Each driver issued a Certificate of Driving Skill (DL 170 ETP) must have passed a commercial driving test that meets DMV's commercial driving test requirements and standards.
- Your company must only use, and may not vary from, the DMV approved drive test routes when conducting a commercial drive test.
- Your company must note if your drivers will be operating vehicles carrying hazardous materials.
- The Examiner conducting the commercial drive test must have the appropriate class of commercial driver license with any appropriate endorsement(s) and/or restrictions as required to operate his or her company vehicle(s), have passed DMV's training class, and have an Examiner Application (DL 811 ETP) on file with DMV.
- A new Application for Employer Number (DL 520 ETP) must be submitted within ten (10) days if there is a change of address, company name, class of license that they are certifying for, or if a listed authorized representative(s) is no longer authorized to sign for the company.

Please complete the Application for Employer Number (DL 520 ETP) and return it with the appropriate fees to your local Occupational Licensing Inspector Office. A list of office locations is available at ***www.dmv.ca.gov*** or by calling 1-800-777-0133.

If this is an original or renewal application, you must also submit documentation of your primary and alternate drive test routes on the Commercial Driving Performance Evaluation (DPE) Route and Directions (DL 814 ETP), the Employer Testing Program Commercial DPE Maneuver Checklist (DL 807 ETP), and route maps for each drive test route, for DMV review and approval. An original application will also require an ETP Surety Bond (DL 524 ETP).