



**Employer Testing Program
VOLUNTARY CANCELLATION REQUEST
of Employer Number _____**

Complete this form if you no longer wish to participate in the Employer Testing Program and/or issue Certificates of Driving Skill (DL 170 ETP) to your drivers.

Mail the completed form to:

Department of Motor Vehicles
Occupational Licensing, ETP Unit
PO Box 932342, MS L224
Sacramento, CA 94232-3450

As the administrator of the program, I request cancellation of the employer number issued to the Employer named below. I understand that should the Employer apply for a new employer number, pre-approval inspection may be required in addition to any applicable fees. I also understand that this cancellation does not preclude DMV, the Federal Motor Carrier Safety Administration or its representatives from conducting examinations, inspections or audits to determine if Certificates of Driving Skills (DL 170 ETP) already issued were appropriate.

Reason for cancellation:

Cancellation effective date: _____ Telephone number () _____

Employer name: _____

Mailing address: _____

City _____ State _____ Zip Code _____

Terminal physical address: _____

City _____ State _____ Zip Code _____

Administrator's printed name: _____ Date of request: _____

Administrator's signature: _____

NOTE: If the administrator of the program is no longer available to complete the cancellation request form, the preparer must be identified by name, title and how associated with Employer.