STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

REQUEST FOR DUI PROGRAM FORMS

- ☐ **Proof of Enrollment - DL 107**
- ☐ **Notice of Completion Certificate - DL 101**
- ☐ **Replacement for Damaged, or Shipped, but not Received Forms**
  (*Please provide control numbers on forms*)

Return to:

Department of Motor Vehicles
Forms and Accountable Items Section—MS G202
P.O. Box 932382
Sacramento, CA 94232-3820

PROGRAM NAME	PROGRAM LICENSE NUMBER

PROGRAM LOCATION (*ADDRESS OF RECORD, CITY, STATE, ZIP*)

AUTHORIZED EMPLOYEE'S NAME

AUTHORIZED EMPLOYEE SIGNATURE

X

FORMS REQUESTED	QUANTITY *(ISSUED IN PACKAGES OF 50)*	AMOUNT OF ENCLOSED CHECK
DL 107	Packages	Not Applicable
DL 101	Packages	

Replacement Forms (There is no charge for replacement of forms damaged in shipment or manufacture, or shipped but not received by the program provider.)

I certify (or declare) under penalty of perjury under the laws of the State of California that the below numbered forms were:

- ☐ Damaged in manufacture or shipment,
- ☐ Shipped, but not received by the program provider.

AUTHORIZED EMPLOYEE SIGNATURE

X

CONTROL NUMBERS OF FORMS DAMAGED IN SHIPMENT OR MANUFACTURE, OR SHIPPED BUT NOT RECEIVED BY THE PROGRAM PROVIDER

Your request will not be processed without **ALL of the above requested information.*

Print Clear Form

INSTRUCTIONS FOR COMPLETION OF THE DL 101R

Check the appropriate box at the top of the form to indicate which forms you are ordering.

Program Name and Program License Number: Enter the name of the program and the program license number issued by the Department of Drug and Alcohol Programs (DADP).

Program Location: Enter the address of the program as listed in DADP's Directory of Program Providers.

Authorized Employee's Name: Enter the name of the employee who has been authorized to order the DL 107/DL 101 forms.

Authorized Employee's Signature: The authorized employee's signature is required.

Forms requested, Quantity, and Amount of Enclosed Check: Indicate the form(s) requested by a check mark next to the appropriate form(s). Indicate the quantity desired of the form(s) requested. Indicate the amount of the enclosed check (applicable for the DL 101 form only).

Replacement Forms: Check the appropriate box for forms which were either damaged in manufacture or shipment, or forms which were shipped, but not received by the program provider.

Authorized Employee Signature: The person authorized to order the DL 107/DL 101 forms must sign under penalty of perjury indicating whether the forms were damaged in manufacture or shipment, or shipped, but not received by the program provider.

Control Numbers of Forms Damaged in Shipment or Manufacture, or Shipped, But Not Received by the Program Provider: Enter the control numbers of the forms damaged in shipment or manufacture, or not received by the program provider. These numbers are sequentially assigned and can be found at the bottom right side of the form.