



Discounted Employee Permit Program (DEPP) Employer Bulk Verification Form

3780 Market Street, Riverside, CA 92501 (951) 682-3167, Mon-Fri 9:00 am – 5:00 pm

Date: _____

Employer Name: _____

Work Address: _____

Work Phone: _____ Work Email: _____

I, _____, attest the below employees qualify for the DEPP based on their wage rate and/or annual pay with our establishment. I understand any falsification of information may suspend future DEPP privileges for the permit holders.

Signature: _____

Title: _____

Employee Name (First and Last)	Earning \$34 per hour or less (Yes/No)	Earning \$70,720 annually or less (Yes/No)