



POSITION DUTY STATEMENT

Division: Operations Division	Classification Title: 1890 Senior Motor Vehicle Technician
Branch: Industry Services Branch	Working Title: Senior Motor Vehicle Technician
Unit: Account Management Unit	Tenure/Timebase: Permanent Fulltime
Position City: Sacramento	Position County: Sacramento County
Position Number: 120-1890-010	CBID/Bargaining Unit: R04
<p>Conflict of Interest Classification: No</p> <p>This position is designated under the Conflict of Interest Code. This position is responsible for making or participating in the making of governmental decisions that may potentially have a material effect on personal financial interests. The appointee is required to complete Form 700 within 30 days of appointment. Failure to comply with the Conflict of Interest Code requirements may void the appointment.</p>	
Medical Evaluation: No	Bilingual Language: Unknown
Sensitive Position: No	DMV Employee Pull Notice: No
Fingerprint/Live Scan: Yes	Professional License: No
Work Week Group: 2	Date Approved: 06/19/2026

<p>Direction Statement and General Description of Duties: Under the direction of the Manager II, DMV, in the Account Management Unit (AMU) of the Information Services Branch (ISB), the Senior Motor Vehicle Technician (SMVT) provides lead direction and guidance to staff regarding the administration of the Commercial/Governmental requester account process and the Electronic Pull Notice program. The SMVT acts as expert resource to staff regarding billing for account holders and provides internal controls in accordance with law, state policies and procedures.</p>	
<p>Percentage and Essential/Marginal Functions:</p>	
40%	(E)



POSITION DUTY STATEMENT

	<p>Processing Services Reviews and processes requests submitted pertaining to commercial and government application and requester code accounts, including reviewing the applications and related documents, assigning requester codes, handling fees submitted, and establishing/maintaining account files. Contacts customers via mail, telephone, fax or email to establish account access and verify Occupational License and Secretary of State licensing information. Applies policies, regulations, vehicle codes and procedures pertaining to release of the Department's information and the processing of accounts.</p>
30%	<p>(E)</p> <p>Computer Typing/Processing Accesses different databases involving EPN, APU and Automated Billing Information System (ABIS) information needed for resolving problems. Checks on the status of requester codes and collects required fees. Accesses ABIS to determine accounts payable balances due. Posts payments received by account holders and one-time customers, audits and balances processed work, verifies cashier transfer receipts, and combines ABIS accounts. Certifies and processes requests verifying business and its employee's enrollment in the pull notice program and generates their DL printouts. Processes rebuttals and 4x5 error cards generated on DL printouts. Provides audit trail and transaction detail reports to customers upon request. Updates account information, the Commercial Delinquent Notice and Actions database, and other related databases. Follows security provisions for accessing the department's database files: Quick Web, Rumba to retrieve information.</p>
15%	<p>(E)</p> <p>Mail and Correspondence Handling Corresponds in writing or verbally with ABIS customers concerning their accounts, requests payment due to delinquencies, dishonored checks, and other discrepancies. Corresponds to customer inquiry requests via telephone, fax, writing, electronic mail and/or in person to EPN requesters, and processes commercial, law enforcement and government requester accounts. Processes EPN's and applications by folding, stuffing and mailing pull notices.</p>
15%	<p>(E)</p> <p>Administrative Support Provides telephone coverage for all sections within AMU responding to questions regarding account processing and interpreting information on forms and printouts received through a pull notice and renewals for APU. Provides back-up support to other sections within AMU, and other units within the Information Services Branch, as necessary to maintain an acceptable level of service. Performs other job related duties as required.</p>



POSITION DUTY STATEMENT

Supervision Received: The SMVT reports to a Manager II, DMV, and is expected to carry out necessary activities without direction, except as new or unusual circumstances require.
Supervision Exercised and Staff Numbers: None.
Physical Requirements: Works 40 hours per week during regular business hours of operation in an office setting, with artificial lighting and temperature control. Sits in a cubicle for long periods. Daily and frequent use of a personal computer and a variety of office software applications at a workstation. Uses telephone to communicate with customers consistently throughout the day. Repetitively handles, stuffs, and transports large quantities of letters and envelopes on a weekly basis.
Special Requirements: Fingerprint/Criminal Record Clearance Required.
Personal Contacts: Will interact daily with departmental staff as well as the public by phone, email, in person, and mail as needed. Interactions may be general, confidential, sensitive, or informative.

EMPLOYEE ACKNOWLEDGMENT

I have read and understand the duties listed above and I certify that I possess essential personal qualifications including integrity, initiative, dependability, good judgment, and the ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties as described above with or without reasonable accommodation. (If you believe you may need to request reasonable accommodation to perform the duties of this position, discuss your request with your manager/supervisor who will engage with you in the interactive process.)

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE

MANAGER/SUPERVISOR ACKNOWLEDGMENT

I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement



POSITION DUTY STATEMENT

MANAGER/SUPERVISOR NAME	MANAGER/SUPERVISOR SIGNATURE	DATE