

COMMERCIAL EMPLOYER PULL NOTICE ENROLLMENT OR DELETION OF DRIVERS

Department of Motor Vehicles
 Information Services Branch
 Employer Pull Notice—H265
 P.O. Box 944231
 Sacramento, CA 94244-2310

CHECK ONLY **ONE** PROCESS PER FORM

☐ **ENROLL** OR ☐ **DELETE**

Please type or print in ink

| | | | | | |
|-----------------|--|--|---|--|----------|
| EMPLOYER | | | REQUESTER CODE | | DATE |
| CURRENT ADDRESS | | | TELEPHONE | | |
| CITY | | | () | | Ext. |
| STATE | | | CONTACT PERSON'S NAME AND TITLE (FIRST, MI, LAST) | | ZIP CODE |

CLASS LICENSE

A - Class A **B/P** - Class B with passengers (Charter-Party) **C/S** - Class C with Special Certificates
B - Class B **C/H** - Class C with Hazardous Materials Endorsement **C/P** - Class C with PUC permit issued

| CALIFORNIA DRIVER LICENSE OR TEMPORARY "X" NUMBER | DRIVER'S LAST NAME ONLY | CLASS LICENSE | "REMARKS" FOR YOUR USE (LIMIT TO 21 SPACES) |
|--|----------------------------|------------------|--|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| 10) | | | |
| 11) | | | |
| 12) | | | |
| 13) | | | |
| 14) | | | |
| 15) | | | |

TOTAL DRIVERS ADDED (A \$5 ENROLLMENT FEE FOR EACH DRIVER WILL BE BILLED TO YOUR ABIS ACCOUNT)

TOTAL DRIVERS DELETED (NO FEE)

FOR ENROLLMENT ONLY:

I certify under penalty of perjury, under the laws of the State of California, that driver(s) listed above are (1) mandated for enrollment under California Vehicle Code §1808.1. **OR** (2) have signed an "Authorization for Release of driver Record Information" form (INF 1101) or internal document with similar language **AND** are currently in an employer/employee relationship **AND** frequently drive during the course of their employment.

Executed at _____, _____, _____
 CITY COUNTY STATE

Date _____ Signature **X** _____

Printed name and title _____

To obtain additional forms and information please visit our website at: <http://www.dmv.ca.gov/otherservice/epn>