



# COMMERCIAL EMPLOYER PULL NOTICE ENROLLMENT OF OUT OF STATE LICENSED DRIVERS

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

**(THIS FORM IS FOR ENROLLING DRIVERS ONLY)**

**Please type or print in ink**

EMPLOYER
CURRENT ADDRESS
CITY STATE ZIP CODE

REQUESTER CODE	DATE
TELEPHONE ( ) Ext.	
CONTACT PERSON'S NAME AND TITLE (FIRST, MI, LAST)	

<b>CLASS LICENSE</b>		
<b>A</b> - Class A	<b>B/P</b> - Class B with passengers (Charter-Party)	<b>C/S</b> - Class C with Special Certificates
<b>B</b> - Class B	<b>C/H</b> - Class C with Hazardous Materials Endorsement	<b>C/P</b> - Class C with PUC permit issued

**PRINT AS SHOWN ON OUT-OF-STATE LICENSE ("REMARKS" FOR YOUR USE (LIMIT TO 21 SPACES))**

1) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

2) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

3) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

4) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

5) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

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

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/epr>

