STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

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 ( ) Ext	
CITY	STATE	ZIP CODE		CONTACT PERSON'S NAME AND TITLE (FIRST, MI, LAST)	

CLASS LICENSE

A - Class A
B - Class B
B/P - Class B with passengers (Charter-Party)
C/H - Class C with Hazardous Materials Endorsement
C/S - Class C with Special Certificates
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 (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

The 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.*

DATE	SIGNATURE
	X

PRINTED NAME AND TITLE

To obtain additional forms and information please visit our website at: ***http://www.dmv.ca.gov/vehindustry/epn/epngeninfo.htm***