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		
CURRENT ADDRESS		
CITY	STATE	ZIP CODE

REQUESTER CODE	DATE
TELEPHONE ( ) Ext.	
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 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