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	COUNTY DIVISION/DEPARTMENT
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 _