



INFORMATION SERVICES BRANCH

## PULL NOTICE REQUESTER ACCOUNT NOTICE OF CHANGE

SUBMIT WITHIN 10 DAYS OF CHANGE

### SECTION A: INFORMATION ON RECORD

NAME OF BUSINESS		REQUESTER CODE NUMBER
BUSINESS ADDRESS		DAYTIME PHONE NUMBER (      )
MAILING ADDRESS		
CONTACT PERSON	AUTHORIZED PERSON	

### SECTION B: REQUESTED CHANGES TO THE EMPLOYER PULL NOTICE ACCOUNT

NEW BUSINESS (IF UNDER NEW OWNERSHIP, A NEW APPLICATION IS REQUIRED. CALL FOR ADDITIONAL INFORMATION.)

BUSINESS ADDRESS	
MAILING ADDRESS	DAYTIME PHONE NUMBER (      )
CONTACT PERSON	ATTENTION (MAIL TO)
AUTHORIZED PERSON'S SIGNATURE	

**X**

Return completed form to: **DEPARTMENT OF MOTOR VEHICLES**  
Employer Pull Notice Unit  
P. O. Box 944231  
Mail Station H-265  
Sacramento, 94244-2310  
(916) 657-6346

**“Upon request, this document can be produced in Braille or large print.”**