



# GOVERNMENT EMPLOYER PULL NOTICE ENROLLMENT OR DELETION OF DRIVERS

Department of Motor Vehicles  
Information Services Branch  
Employer Pull Notice—MS H265  
P.O. Box 944231  
Sacramento, CA 94244-2310  
(916) 657-6346

**Please type or print in ink**

ONLY ONE PROCESS PER FORM (CHECK ONE)			DATE
<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion		
AGENCY NAME			REQUESTER CODE
CURRENT ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER		Ext.
		(    )	

### CLASS LICENSE

- |                    |   |  |
|--------------------|---|--|
| <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    |

### “REMARKS” FOR COMPANY USE (LIMIT TO 21 SPACES)

CALIFORNIA DRIVER LICENSE NUMBER	DRIVER'S NAME	CLASS LICENSE	REMARKS
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			

\_\_\_\_\_ **Total Drivers Added**

\_\_\_\_\_ **Total Drivers DELETED**

FOR ADDITIONS ONLY:

***I certify (or declare) 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		
	<b>X</b>		
PRINTED NAME AND TITLE			