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

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***)
☐ Addition ☐ Deletion

DATE

AGENCY NAME

REQUESTER CODE

CURRENT ADDRESS | CITY | STATE | ZIP CODE

CONTACT PERSON

TELEPHONE NUMBER
( ) Ext.

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

"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 **X** _____

Printed name and title _____

Clear Form Print