



**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 \_\_\_\_\_