STATE OF CALIFORNIA DMV DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

COMMERCIAL EMPLOYER PULL NOTICE
ENROLLMENT OF OUT OF STATE LICENSED DRIVERS

(THIS FORM IS FOR ENROLLING DRIVERS ONLY)

Department of Motor Vehicles
Office of Information Services
Employer Pull Notice—H265
P.O. Box 944231
Sacramento, CA 94244-2310

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

PRINT AS SHOWN ON OUT-OF-STATE LICENSE ***("REMARKS" FOR YOUR USE (LIMIT TO 21 SPACES))***

1) COMPLETE LAST NAME, FIRST, MIDDLE ***(DO NOT USE INITIALS)***			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

2) COMPLETE LAST NAME, FIRST, MIDDLE ***(DO NOT USE INITIALS)***			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

3) COMPLETE LAST NAME, FIRST, MIDDLE ***(DO NOT USE INITIALS)***			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

4) COMPLETE LAST NAME, FIRST, MIDDLE ***(DO NOT USE INITIALS)***			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

5) COMPLETE LAST NAME, FIRST, MIDDLE ***(DO NOT USE INITIALS)***			BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE
DRIVER LICENSE NO.	CLASS LICENSE	REMARKS	

_____ **TOTAL DRIVERS ADDED** (A $5 ENROLLMENT FEE FOR EACH DRIVER WILL BE BILLED TO YOUR ABIS ACCOUNT)

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 _____

To obtain additional forms and information please visit our website at: http://www.dmv.ca.gov/otherservice/epn