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

COMMERCIAL EMPLOYER PULL NOTICE ENROLLMENT OR DELETION OF DRIVERS

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

CHECK ONLY ***ONE*** PROCESS PER FORM
☑ **ENROLL** ***OR*** ☐ **DELETE**

Please type or print in ink

EMPLOYER		
Family Support Services of the Bay Area		
CURRENT ADDRESS		
401 Grand Avenue, Suite 500		
CITY	STATE	ZIP CODE
Oakland, CA		94610

REQUESTER CODE	DATE
Z5400	1/19/2010
TELEPHONE	
(510) 834-2443 Ext. 3016	
CONTACT PERSON'S NAME AND TITLE (FIRST, MI, LAST)	
Marlene Oehler	

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

	CALIFORNIA DRIVER LICENSE OR TEMPORARY "X" NUMBER	DRIVER'S LAST NAME ONLY	CLASS LICENSE	"REMARKS" FOR YOUR USE (LIMIT TO 21 SPACES)
1)			C	
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				

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

_____ **TOTAL DRIVERS DELETED** (NO FEE)

FOR ENROLLMENT ONLY:

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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.*

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

Clear Form | Print