

| | |
|--|---------------------------------|
| UC ANR EMPLOYER PULL NOTICE ADDITION OR DELETION OF DRIVERS | |
| CHECK ONLY <u>ONE PER FORM</u> | |
| <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE |

Please type or print

| | |
|---|--|
| DATE: | |
| DEPARTMENT: | |
| DEPARTMENT HEAD OR DESIGNEE NAME: | |
| CONTACT PERSON'S NAME & TITLE: | |
| CONTACT PERSON'S PHONE: | |

CLASS LICENSE

| | | |
|-------------|--|------------------------------------|
| A - Class A | B/P - Class B w/ passengers (Charter-Party) | C/P - Class C w/ PUC permit issued |
| B - Class B | C/H - Class C w/ Hazardous Materials Endorsement | |
| C - Class C | C/S - Class C w/ Special Certificates | |

| CALIFORNIA DRIVER LICENSE NUMBER | DRIVER'S NAME (must be UC employee) | | | CLASS LICENSE | WILL THIS DRIVER USE A COMMERCIAL LICENSE IN THE COURSE OF EMPLOYMENT? | |
|-------------------------------------|--|----|-----------|------------------|--|--------------------------|
| | First Name | MI | Last Name | | YES | NO |
| 1) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

FOR ENROLLMENT ONLY:

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 the Driver License Pull Notice System Notification (EXHIBIT D)

For Enrollment and Deletion: This form requires original signature of the department head or designee.

Printed name & title _____

Date _____ Signature **X** _____