UCSB Transportation Services

DMV Employer Pull Notice Program Enrollment/Deletion Request

Please check one:		-	
ADD employee to the D	OMV Employ	er Pull Notice	Program
DELETE employee from	the DMV E	mployer Pull N	otice Program
Please type or print clearly.			
Effective Date:			
Appointment End Date: (if temporary employment)			
Employee Last Name:			
Employee First Name:			
Employee Middle Name:		Out-of-State license or indicate none)	is required. Include full
Home Address:	Number	Street	
	City	State	Zip
Driver's License Number:			
Date of Birth:			
Employee Signature:			
Department Name:			
Budget Account Number:			
Authorizing Signature:			
Please return by campus mail to:	-	tation Services tial/DMV Pull F	