

Send completed form to:  
ANR Risk Services – Confidential

Attn: EPN

**UC ANR EMPLOYER PULL NOTICE  
DELETION OF DRIVERS**

*Please Type or Print:*

<b>DATE:</b>			
<b>DEPARTMENT:</b>			
<b>DEPARTMENT HEAD OR DESIGNEE NAME:</b>			
<b>CONTACT PERSON'S NAME &amp; TITLE:</b>			
<b>CONTACT PERSON'S PHONE:</b>			

CALIFORNIA DRIVER LICENSE NUMBER	DRIVER'S NAME (must be UC employee)			Class License	Reason for Deletion of Driver:
	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>		
1) _____					
2) _____					
3) _____					
4) _____					
5) _____					
6) _____					
7) _____					
8) _____					
9) _____					
10) _____					

*This form requires original signature of the department head or designee.*

Printed Name & Title \_\_\_\_\_

Date \_\_\_\_\_ Signature **X** \_\_\_\_\_

Upload form to secure link: <https://ucdavis.app.box.com/f/5224b7538a074cf79574095c2fc4730f>

To obtain additional forms and information please see the ANR Fleet Operations website: <http://ucanr.edu/sites/fleet>