

DOT/FMCSA DRIVER LISTING
ANNUAL QUERY REQUEST FORM

FDTSI 2020

LastName	FirstName	DOB	CDL	Country	State	
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1
				US	CA	1



E-MAIL COMPLETED UPDATE TO: INFO@FDTSI.COM

INSTRUCTIONS:

LIST **LAST** NAME EXACTLEY AS SHOWN OF THE DRIVER'S CDL *(Include spaces, only if shown on CDL)*

LIST **FIRST** NAME EXACTLEY AS SHOWN OF THE DRIVER'S CDL *(Include spaces, only if shown on CDL)*

LIST **D.O.B.** in this format: **01/01/2020**

LIST **C.D.L. NUMBER** in this format: **A1234567**

LIST **COUNTRY** in this format: **US**

LIST **STATE** in this format: **CA**

E-MAIL COMPLETED UPDATE TO: INFO@FDTSI.COM