



EMPLOYEE LIST UPDATE

DRIVER ENROLLMENT / DELETION / CHANGES

REQUEST TYPE

Select only one process per form

☐ ENROLL

☐ DELETE

☐ MODIFY DATA

All new driver enrollments require a pre-employment drug test and a full Clearinghouse query before placement. Do not delete drivers for anticipated leave of less than 30 days.

Return completed form: FAX: 760-770-0806 | E-MAIL: info@fdtsi.com

EMPLOYER INFORMATION

COMPANY LEGAL NAME / SOLE PROPRIETOR

E-MAIL

MAILING ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON / TITLE

PHONE

EXT.

DRIVER INFORMATION

#	DRIVER'S FULL NAME (CDL)	CALIFORNIA LICENSE NUMBER	DATE OF BIRTH	ADD / DELETE / CHANGE DATA
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

TOTAL DRIVERS ADDED

TOTAL DRIVERS DELETED

CERTIFICATION (ORIGINAL SIGNATURE REQUIRED)

I certify (or declare), under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. The listed drivers are mandated for enrollment under Title 49 CFR Part 382, as applicable.

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE