FORENSIC DRUG TESTING SERVICES, Inc.

# COMMERCIAL EMPLOYER ENROLLMENT OR DELETION OF DRIVERS

***PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.***

CHECK ONLY ***ONE*** PROCESS PER FORM
☐ **ENROLL** ☐ **DELETE** ☐ **MODIFY DATA**

***Instructions: Please type or print in ink. All Driver additions/enrollments must be pre-employment drug tested and have a full Clearinghouse Query prior to placement. Do not remove a driver if anticipated leave is less than 30 days. Please fax this completed form to 760.770.0806 for immediate processing or e-mail to: info@fdtsi.com.***

## SECTION 1 — EMPLOYER INFORMATION

| COMPANY LEGAL NAME/NAME OF SOLE PROPRIETOR | | | E-Mail: | |
|---|---|---|---|---|
| MAILING ADDRESS | CITY | | STATE | ZIP CODE |

| CONTACT PERSON NAME AND TITLE *(FIRST, MI, LAST)* | TELEPHONE ( ) | EXT |
|---|---|---|

## SECTION 2 — DRIVER INFORMATION

| | DRIVER'S FULL NAME FROM CDL | CALIFORNIA DRIVER LICENSE NUMBER | DRIVER'S DATE OF BIRTH | ADD, DELETE OR MODIFY DATA |
|---|---|---|---|---|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| 8) | | | | |
| 9) | | | | |
| 10) | | | | |
| 11) | | | | |

_____ **Total Drivers Added**

_____ **Total Drivers Deleted**

## SECTION 3 — 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 driver(s) listed above are (1) mandated for enrollment under Title 49 CFR Part 382.***

PRINTED NAME

| SIGNATURE OF AUTHORIZED REPRESENTATIVE<br>X | DATE |
|---|---|

*To obtain additional forms and information please visit our website at:* ***www.fdtsi.com***