

DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which the driver was last relieved from duty prior to beginning work for the motor carrier as per Part 395.8(j)(2) Federal Motor Carrier Safety Regulations (FMCSR). NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Drivers Name (Print): _____ Drivers License Number _____

Class: _____ Endorsement: _____ Restriction (s): _____

Type of License: _____ Issuing State: _____

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was

last relieved from work at: Time: _____ Day: _____ Month: _____ Year _____

Driver's Signature: _____ Date: _____

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on duty time including time working for other employers. The definition of on duty time found in Section 395.2(8)(9) of the FMCSR's includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer's for compensation that I must inform this company immediately of such employment activity.

Drivers Signature

Date