

# DRIVER'S DAILY LOG

24 HOURS

Month  /  /    
 Day  /  /    
 Year  /  /

Name of Carrier or Carriers \_\_\_\_\_

Main Office Address \_\_\_\_\_

Home Terminal Address \_\_\_\_\_

Total Miles Driving Today

I certify these entries are true and correct

Truck Tractor and Trailer Numbers

Driver's Full Signature \_\_\_\_\_

Co-Driver's Name \_\_\_\_\_

	Midnight	1	2	3	4	5	6	7	8	9	10	11	Noon	1	2	3	4	5	6	7	8	9	10	11	Midnight	Total Hours
OFF DUTY																										
SLEEPER BERTH																										
DRIVING																										
ON DUTY																										
REMARKS																										

B/L or Manifest Number \_\_\_\_\_  
 or  
 Shipper & Commodity \_\_\_\_\_