

DRIVER STATEMENT OF ON-DUTY HOURS AND LOG USAGE (For Newly Hired Drivers)

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

To help determine if an electronic logging device (ELD) is required under section 395.8(a)(1), the driver must indicate how often he/she needed to use logs in the past 30 consecutive days.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) _____

ID No. _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

Were you required to use a record of duty status (driver's log) on 8 or more days within the past 30 *consecutive* days? Yes No

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

A.M. P.M. On _____ Day _____ Month _____ Year

 Time

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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 of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, motor carrier, and performing any compensated work for any non-motor carrier entity.

(check one)

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.

Driver's Signature

Date

Witness: _____

Company Representative

Date