

(Name of Carrier or Carriers) _____ (Main Office Address) _____	U.S. DEPT. OF TRANSPORTATION FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION DRIVER'S LOG	I certify these entries are true and correct: _____ (Driver's Signature in Full)
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(Month) _____	(Day) _____	(Year) _____	(Truck or Tractor & Trailer Number(s)) _____	(Name of co-driver) _____	
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	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	Total Hours
1: OFF DUTY																									
2: SLEEPER																									
3: DRIVING																									
4: ON DUTY <small>(NOT DRIVING)</small>																									

REMARKS

Total Miles Driving Today

Shipping document no., or shipper & commodity

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DRIVER'S VEHICLE INSPECTION REPORT

As required by the D.O.T. Federal Motor Carrier Safety Regulations, I submit the following:

DATE: _____ TRACTOR/TRUCK NO.: _____ TRAILER(S) NO.(S): _____

- ☐ I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.
- ☐ I detect the following defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Indicate whether defects are on Tractor/Truck or Trailer - Describe defect in detail, use back side if necessary.

DRIVER'S SIGNATURE: _____

- ☐ Above defects corrected
- ☐ Above defects need not be corrected for safe operation of vehicle

MECHANIC'S SIGNATURE: _____

DRIVER'S SIGNATURE: _____

DATE: _____

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