

## Drivers Statement of On-Duty Hours For Newly Hired Drivers

*Federal Motor Carrier Safety Regulations – § 395.8 (j) (2)* – 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 the time at which the driver was last relieved from duty prior to beginning work for the motor carriers.

**Note:** Hours for any compensated work, including work for a non-motor carrier entity, must be recorded on this form.

**\*Please Print\***

Driver Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_

Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

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

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 \_\_\_\_\_ AM PM on \_\_\_\_\_.

(Time) (Day) (Month) (Year)

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

\_\_\_\_\_  
Date

*Federal Motor Carrier Safety Regulations – § 395.2 (8) and (9)* – **On duty time** means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. **On duty time** shall include:

- (8) Performing any other work in the capacity, employ or service of a motor carrier; and
- (9) Performing any compensated work for a person who is not a motor carrier.

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. I also understand that once I become employed with this company if I begin working for any additional employer(s) for compensation that I must immediately inform this company of such employment activity.

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

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date