

DRIVER DATA SHEET



Name (Print) _____



Social Security Number _____



Motor Vehicle Operator's License Number _____



Type of License _____ Issuing State _____

FMCSA Regulation §395.8(j)(2) states that 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.

Instructions: In the grid below, write the date and hours you worked, driving or not, for the past seven days. Write your total hours in the "TOTAL" column.



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

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:



_____ on _____
Time Date Released



Signature

Witness: _____
Company Representative

Date: _____

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