



Name: \_\_\_\_\_ SIN #: \_\_\_\_\_

**Instructions:** 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 14 days and the time at which such driver was last relieved from duty prior to beginning work for the driver. Rule 395.8(j)(2) FMCSR.

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	TOTAL
DATE															
HOURS WORKED															

I hereby certify that information given is correct to the best of my knowledge and belief, and that I was relieved from work at \_\_\_\_\_ on \_\_\_\_\_.

Time                      Day                      Month                      Year

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_