



On-duty/Hours/Data Sheet

_____ (Insert Applicable Bakery Name)		
_____ (Driver's Name)	_____ (Social Security #)	
_____ (Driver's License Number)	_____ (State)	_____ (Class)
_____ (Endorsements)	_____ (Restrictions)	
_____ (Type)	_____ (Issuing State)	

Day	1	2	3	4	5	6	7	Total Hours
Date								
Hours Worked								

I hereby certify that the information provided above is correct and complete to the best of my knowledge and that I was last relieved from duty at:

_____ (Time)	A.M.	P.M.	_____ (Day)	_____ (Month)	_____ (Year)
_____ (Driver's Signature)			_____ (Date)		

Driver Certification for Other Compensated Work

Are you currently working for another employer? Yes No

Do you intend to work for another employer while employed by this company? Yes No

I hereby certify that the information provided above is correct and complete and I understand that if I am employed by any other employer(s) for compensation I must inform this company immediately as stated in Section 395.2 of the Federal Motor Carrier Safety Regulations.

_____ (Driver's Signature)	_____ (Date)
_____ (Witness' Signature)	_____ (Date)