

# DRIVER DATA SHEET

For Casuals, New Hires & Temporary Employees

**NAME:**

**SOCIAL SECURITY NUMBER:**

**DRIVER'S LICENSE NUMBER:**

**TYPE OF LICENSE:**

**ISSUING STATE:**

**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 7 days and the time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

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) (Day)(Month)(Year)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness - Company Representative)

\_\_\_\_\_  
(Date)