

# Certification of Other Compensated Work

**DQF**  
**750**

When employed by a motor carrier, a driver must report all on-duty hours worked from other employers. On-duty hours are defined below from the Federal Motor Carrier Association.

## § 395.2

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:

- (1) All time at a plant, terminal, facility, or other property of a motor carrier or shipper, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier
- (2) All time inspecting, servicing, or conditioning any commercial motor vehicle at any time
- (3) All driving time as defined in the term driving time
- (4) All time in or on a commercial motor vehicle, other than:
  - (i) Time spent resting in or on a parked vehicle, except as otherwise provided in §397.5 of this subchapter
  - (ii) Time spent resting in a sleeper berth
  - (iii) Up to 2 hours riding in the passenger seat of a property-carrying vehicle moving on the highway immediately before or after a period of at least 8 consecutive hours in the sleeper berth
- (5) All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle
- (7) All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, to comply with the random, reasonable suspicion, post-crash, or follow-up testing required by [part 382](#) of this subchapter when directed by a motor carrier
- (8) Performing any other work in the capacity, employ, or service of, a motor carrier
- (9) Performing any compensated work for a person who is not a motor carrier.

## Driver's Information

Driver's Name \_\_\_\_\_ Employee # \_\_\_\_\_

Address \_\_\_\_\_

Are you currently employed at another company? (Check one)

☐ Yes ☐ No

How long do you expect to be employed by this company? \_\_\_\_\_

I, \_\_\_\_\_ attest that the information I have listed above is accurate and true. I will notify this company of any additional employers for compensation.

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