NOTE: All entries must be neatly printed in blocks. DRIVER'S DAILY LOG ORIGINAL - Submit to carrier DUPLICATE - Retain in your possession for 8 days Use blue or black ink only. (Print Last Name, First Initial - Ex. Smith, R) If multiple off-duty days, enter Today's Date/Off Duty Begin Date (Day) (Year) (Month) certify these entries are true and corre (Day) (Month) (Driver's Signature in Full) (Tractor Number) (Total Miles Driving Today) (Trailer Number) (Print Co-Driver Name) (Co-Driver ID) Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898 TOTAL HOURS MID-NIGHT **11 NOON 1** 10 5 3 1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)

LOG USING STANDARD TIME OF HOME TERMINA (Home Terminal Address)

DAILY VEHICLE CONDITION REPORT

portello

THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE AN (X) IN THE APPROPRIATE BOX. ☐ 13. Speedometer☐ 14. Lights and Reflectors IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS". ☐ 10. Parking Brake

□ 1. Air Hoses and Connectors □ 4. Tires □ 2. Coupling Devices □ 5. Glass and Mirrors

**REMARKS:** 

☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher ☐ 9. Windshield Wipers

☐ 7. Triangles and Fuses ☐ 11. Steering Mecha ☐ 8. Horn (Air and/or Electric) ☐ 12. Service Brakes ☐ 11. Steering Mechanism

≥ 15. NO DEFECTS

1/4 = 0.25

1/2 = 0.503/4 = 0.75

**DRIVER'S SIGNATURE** 

MILES AND FOEL BY STATE - SPECIALIZED THANKS										
Month Day Year Print Lead Driver's Name	thrown D	Lead Hauler Code	1499_							
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Redmen Van & Stans	Agent Z	445							
ODOMETER READINGS REQUIRED BY "IFTA"	STATE/PROVINCE ROUTES TRAVELED	MILES/KILOMETERS	GAL/LITERS FUEL PURCHASED							
BEGINNING CITY/STATE / Lake	UT WF:215 I'15	97								
BEGINNING - ODOMETER 969734	IDIIS IN IIS LOAD	97								
ENDING - ODOMETER 969928										
ENDING CIDAGRATE Pacatello										
	Ok.									
	EV									
Attach Fuel Receipts to Miles and Fuel Section.		194	TOTAL MILES/KILOMETERS							

FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED

## **DRIVER'S DAILY LOG**

NOTE: All entries must be neatly printed in blocks.
Use blue or black ink only.

TOTAL MILES/KILOMETERS
DRIVEN TODAY

2-25-15	Jarmon	ame, First Initial - Ex. Smith, R)
(Month) (Day) (Year) (Month)  (Total Miles Driving Today) (Tractor Number)	Day)	(Driver's Signature in Full)
Trailer Number)	(Co-Driver ID)	(Print Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Way		- 0 0 10 11 TOTAL HOURS
MID-NIGHT 1 2 3 4 5 6 7  1: Off Duty  2: Sleeper  3: Driving  4: On Duty (Not Driving)	8 9 10 11 NOON 1 2 3 4 5 6	7 8 9 10 11 TOTAL HOURS
REMARKS:	Abordery Abordery Abordery Salmen Sal	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
0,	DAILY VEHICLE CONDITION REPORT  5.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PL  OX MARKED "NO DEFECTS".   10. Parking Brake   11. Steering Mechanism   12. Service Brakes   12. Service Brakes   12. Service Brakes   13. Steering Mechanism   14. Steering Mechanism   15. Service Brakes   16. Service Brakes   17. Steering Mechanism   18. Service Brakes   18. Se	(Home Terminal Address)  ACE AN (X) IN THE APPROPRIATE BOX.  13. Speedometer 14. Lights and Reflectors  15. NO DEFECTS
MILES AND FU	EL BY STATE - SPECIALIZED TRANSP	ORTATION, INC.
Month Day Year Print Lead	2/ $1)$	Lead Hauler / 49
	Kirmon D	Code ZZZZ
PLACE AN (X) IF RENTAL UNIT	Agent Name Kednin Vh C I	Agent Code 1445
ODOMETER READINGS REQUIRED BY "IFTA"	STATE/PROVINCE ROUTES TRAVELED	MILES/KILOMETERS GAL/LITERS FUEL PURCHASED
Pacetello	ID = 86 (39) 26 93 (28) 33	3 420
BEGINNING - ODOMETER 9 69928	11	
ENDING - ODOMETER 970348	201	
ENDING CITY/STATE	.45	

Attach Fuel Receipts to Miles and Fuel Section.

FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED

425

## **DRIVER'S DAILY LOG**

NOTE: All entries must be neatly printed in blocks. Use blue or black ink only.

Today's Dat	te/Off Duty Begin Date	If multiple off-duty days		Har	(Print Last Name,	First Initial - Ex	. Smith, R)	
(Month)  Total Miles Drivi	11	(Tractor Number)  [2] [4] [5] (Trailer Number)	ay) (Year)	(Safety #)	I cert	ify these entries	(Print Co-Driver Name	
Specialized	Transportation Inc 5001 US	Hwy. 30W - Fort Wayne	, IN 46898					
1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving) REMARKS:	AID-GHT 1 2 3 4	5 6 7	8 9 10 11 N	100N1 2 3	4 5 6	7 8 9		7.75 3.25 3.25 1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
IF NO DE  ☐ 1. Air I  ☐ 2. Cou		PECTION (FMCSR 396.1 CE AN (X) IN THE BOX	11). IF ANY COMPONE	CLE CONDITION R  NTS ARE FOUND TO B  ITS".   10. Parking   11. Steerin   12. Service	E DEFECTIVE, PLACI Brake 1 1 g Mechanism 1 Brakes	(Home Terr	ninal Address)  E APPROPRIATE B effectors 15.	OX. NO DEFECTS
Month	<b>MIL</b> Day Year	ES AND FUE	L BY STATE	SPECIALIZE	D TRANSPO		d Hauler / 2	199
1 /	1						. /	101
	2-26-15	Driver's Name	armond			Cod	e	
Tractor/	/Str. Truck 6 Digit #	Driver's Name	Agent D	lum Va	# Stor	Coc	ent 7 40	15
DOOM BEGINNIN BEGINNIN ENDING	/Str. Truck 6 Digit #	PLACE AN (X) IF RENTAL UNIT  UIRED BY "IFTA"  2 4 5  24 5	n	ROUTES TRA	# 5/2/20 hus	Coc Ag	ent Z 4 CALAIT	TOTAL MILES/KILOMETERS DRIVEN TODAY

ORIGINAL Copy - Mail to Safety Administration every 7 days in attached envelopes