## DRIVER'S DAILY LOG

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

2-27-15	Jarmon	e, First Initial - Ex. Smith, R)
(Month)         (Day)         (Year)         (Month)         (Image: Control of the control of th	Day) (Year)    Oately #)	(Driver's Signature in Full)
(Trailer Number)  Specialized Transportation Inc 5001 US Hwy. 30W - Fort Way	(Co-Driver ID)	(Print Co-Driver Name)
Specialized Transportation Might 1 2 3 4 5 6 7  1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)  REMARKS:	10 11 NOON 1 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	7 8 9 10 11 TOTAL HOURS  5.50
BIL NO.	DAILY VEHICLE CONDITION REPORT  6.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLA  DX 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. Steering Mechanism   16. Steering Mechanism   16. Steering Mechanism   17. Steering Mechanism   18. Steering Mechanism	(Home Terminal Address)
	EL BY STATE - SPECIALIZED TRANSPO	ORTATION, INC.
Month Day Year	EL BY STATE - SPECIALIZED THANGE	Lead Hauler 149
Print Lead Driver's Name	Themon I	Code
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Hern Van 4 No	Agent Code Agent GAL/LITERS FUEL PURCHASED
DOOMETER READINGS REQUIRED BY "IFTA"  BEGINNING CITY/STATE  BEGINNING CODOMETER 97043  ENDING - ODOMETER 970738  ENDING CITY/STATE	STATE/PROVINCE ROUTES TRAVELED  ID LL I 15 LL I 15 LL  UT I 15 I 2.K LL	### ##################################
Solt Lylie	ORIVE	
	LEAD	

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