NOTE: All entries must be neatly printed in blocks. ORIGINAL - Submit to carrier DUPLICATE - Retain in your possession for 8 days DRIVER'S DAILY LOG Use blue or black ink only. Today's Date/Off Duty Begin Date (Month) (Day) (Year) (Day) (Year) (Month) certify these entries are true and correct (Driver's Signature in Full) (Total Miles Driving Today) (Tractor Number) (Trailer Number) (Print Co-Driver Name) (Co-Driver ID) Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898 11 NOON 1 10 11 **TOTAL HOURS** 10 1: Off Duty 2: Sleeper 3: Driving 4: On Duty 1/4 = 0.25**REMARKS:** 1/2 = 0.503/4 = 0.75LOG USING STANDARD TIME OF HOME TERMINAL Soft Like B/L NO. DAILY VEHICLE CONDITION REPORT 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. IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS". ☐ 13. Speedometer ☐ 10. Parking Brake 15. NO DEFECTS ☐ 14. Lights and Reflectors ☐ 1. Air Hoses and Connectors ☐ 4. Tires ☐ 2. Coupling Devices ☐ 5. Glass and Mirrors □ 7. Triangles and Fuses ☐ 11. Steering Mechanism □ 8. Horn (Air and/or Electric)
□ 12. Service Brakes ☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher □ 9. Windshield Wipers DRIVER'S SIGNATURE

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.							
Month Day Year Print Lead Driver's Name	lumon	10		Lead Hauler Code	1499		
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agen Name	Reduce but Storge		Agent Code	145		
ODOMETER READINGS REQUIRED BY "IFTA"	STATE/PROVINCE	ROUTES TRAVELED	MILE	S/KILOMETERS	GAL/LITERS FUEL PURCHASED		
BEGINNING CITY/STATE Staff Lafa	ut	LL I-215 I-15		97	185.5		
BEGINNING - ODOMETER 970738	D.	I'15 LL		136			
ENDING - ODOMETER 970971	-	0,					
Ideho Falls		JUE"	_				
		OR'					
		LE					
Attach Fuel Receipts to Miles and Fuel Section. FUEL RECEIPTS WILL NOT BE ACCEPTED IF	THE DATES H	HAVE BEEN CHANGED		233	TOTAL MILES/KILOMETERS DRIVEN TODAY		

DRIVER'S DAILY LOG

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

Today's Date/Off Duty Begin Date If multiple off-duty days, enter end date here: Anoth (Day)	st Initial - Ex. Smith, R)
(Month) (Day) (Year) (Month) (Day) (Year) Q Q	(Driver's Signature in Full)
Trailer Number) (Trailer Number) (Co-Driver ID)	(Print Co-Driver Name)
MID NIGHT 2 3 4 5 6 7 8 9 10 11 NOON 2 3 4 5 6 7	8 9 10 11 TOTAL HOURS
DAILY VEHICLE CONDITION REPORT THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE AN	(Home Terminal Address) I (X) IN THE APPROPRIATE BOX.
IE NO DEFECTS ARE FOLIND PLACE AN (X) IN THE BOX MARKED "NO DEFECTS". U 10. Parking Brake U 13. St	ghts and Reflectors 15. NO DEFECTS
1. Air Hoses and Connectors 4. Tires 7. Triangles and Fuses 11. Steering Mechanism 14. Lie 15. Sq. Service Brakes 14. Lie 15. Sq. Service Brakes 15. Sq. Service Brakes 16. Fire Extinguisher 16. Fire Extinguisher 17. Triangles and Fuses 18. Horn (Air and/or Electric) 18. Horn (Air and/or Electric) 18. Service Brakes 18. Service Brake	ation, inc.
1. Air Hoses and Connectors 4. Tires 7. Triangles and Fuses 11. Steering Mechanism 14. Lie 15. Service Brakes 15. Service Brakes 16. Fire Extinguisher 9. Windshield Wipers 17. Steering Mechanism 18. Service Brakes 18. Service Brakes 18. Service Brakes 19. Service Brakes 19	ATION, INC. Lead Hauler 2499
1. Air Hoses and Connectors 4. Tires 7. Triangles and Fuses 11. Steering Mechanism 14. Lie 15. Sq. Sarvice Brakes 14. Lie 15. Sq. Sarvice Brakes 15. Sq. Sarvice Brakes 15. Sq. Sarvice Brakes 16. Fire Extinguisher 16. Fire Extinguisher 17. Steering Mechanism 16. Fire Extinguisher 17. Steering Mechanism 18. Sq. Sarvice Brakes 18. Sq. Sarvice Brakes 18. Sq. Sq. Sq. Sq. Sq. Sq. Sq. Sq. Sq. Sq	ATION, INC. Lead Hauler 1499
1. Air Hoses and Connectors 4. Tires 7. Triangles and Fuses 11. Steering Mechanism 14. Lie 15. Service Brakes 14. Lie 15. Service Brakes 15. Service Brakes 16. Fire Extinguisher 9. Windshield Wipers 17. Steering Mechanism 18. Service Brakes 18. Service B	ATION, INC. Lead Hauler 2499 Agent 7445
IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS". 10. Air Monetal Principles and Connectors 4. Tires 7. Triangles and Fuses 11. Steering Machanism 14. Lie 2. Coupling Devices 5. Glass and Mirrors 8. Horn (Air and/or Electric) 12. Service Brakes 14. Lie 15. Service Brakes 15. Service Brakes 16. Fire Extinguisher 16. Fire Extinguisher 17. Triangles and Fuses 18. Horn (Air and/or Electric) 18. Horn (Air and/or Electric) 18. Horn (Air and/or Electric) 18. Steering Machanism 18. Lie 18. Service Brakes 18. DRIVER'S SIGNATURE 18.	ATION, INC. Lead Hauler 2499 Agent 7445
I. Air Hoses and Connectors 4. Tirac 4. Tirac 5. Glass and Mirrors 9. Windshield Wipers 12. Service Brakes 13. State 14. Lie 14. Lie 15. Glass and Rims 15. Glass and Mirrors 9. Windshield Wipers 15. State 16. Fire Extinguisher 16. Fire Extinguisher 17. Triangles 17. State 18. Horn (Air and/or Electric) 18. Horn (Air and/or Electric) 18. Horn (Air and/or Electric) 18. Service Brakes 16. Fire Extinguisher 18. Horn (Air and/or Electric) 18. Service Brakes 18. State 18.	ATION, INC. Lead Hauler 2499 Agent 7445

CITY/STATE AD DRIV Attach Fuel Receipts to Miles and Fuel Section. TOTAL MILES/KILOMETERS FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED **DRIVEN TODAY**

DRIVER'S DAILY LOG

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

	to the second data bear	(Print L	not Name First Initial Fy Sm	sith P\
3-16-15 -	uty days, enter end date here: (Day) (Year)	Harmor	ast Name, First Initial - Ex. Sm	III, H)
(Month) (Day) (Year) (Month)	4300 G	[499]	I certify these entries are t	
(Tractor Num	per)	(Safety #)	(Driv	er's Signature in Full)
1 776				
(Trailer Num	*	(Co-Driver ID)	(Pri	int Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort				
1: Off Duty	7 8 9 10 11 N	OON1 2 3 4 5	6 7 8 9 1	0 11 TOTAL HOURS
2: Sleeper	.1111.			7.00
3: Driving	<u>, </u>			11111 13.75
4: On Duty (Not Driving)	⁻ - - - - - - - - - - - - - - - - -	1,1,1,1,4,1,1,1,1,1,1,1,1		1111 325
	28	3		24.00
REMARKS:	Sovie Spr	in Hall		1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
	~			
B/L NO. CF LOG USIN	G STANDARD TIME OF HO	OME TERMINAL Sept Le	clar Cit	Manufacture 1
31			(Home Terminal A	Address)
THIS IS AN END OF THE DAY INSPECTION (FMCSR IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE 1. Air Hoses and Connectors 2. Coupling Devices 5. Glass and Mirrors 3. Wheels and Rims 6. Fire Extinguisher	396.11). IF ANY COMPONENT BOX MARKED "NO DEFECTS 7. Triangles and Fuse	S". 10. Parking Brake 11. Steering Mechanism 12. Service Brakes	PLACE AN (X) IN THE AP 13. Speedometer 14. Lights and Reflecte	
ALL EC AND EL	IEI DV STATE (SPECIALIZED TRANS	POPTATION II	NC
Month Day Year	JEL BY SIAIE - 3	SPECIALIZED INANS		1 1 10 0
3 - 5 Print Lead Driver's Name	Harmon L		Lead Haul Code	ier 1489
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNI	Agent R	men Van 85	Agent Code	7445
ODOMETER READINGS REQUIRED BY "IFTA	STATE/PROVINCE	ROUTES TRAVELED	MILES/KILOME	TERS GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE	TO 30 6	34) 59	10	4
BEGINNING - ODOMETER	1000			
9/1/86	2 UI SG	I15 I2451	L _ 1 6	3
ENDING-ODOMETER 971393		O.		
ENDING CITY/STATE		- C. C.		
Seilt Lalue				
		00,		
		*O O,		
		YO O,		
	LE	NO O		
Attach Fuel Receipts to Miles and Fuel Section		NO O		TOTAL MILES/KILOMETERS

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