Use blue or black ink only.

Today's Date/Off Duty Begin Date If multiple off-duty days, enter end date here: (Print Last Name,	First Initial - Ex. Smith, R)
(Month) (Day) (Year) (Month) (Day) (Year)	fy these entries are true and correct.
1499	2
Total Miles Driving Today) (Tractor Number) (Safety #)	(Driver's Signature in Full)
(Trailer Number)	(Print Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Wayne, IN 46898	
MID-NIGHT 2 3 4 5 6 7 8 9 10 11 NOON 2 3 4 5 6 7 1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving) REMARKS:	8 9 10 11 TOTAL HOURS 9.00 4.75 7.00 1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
	(Home Terminal Address) AN (X) IN THE APPROPRIATE BOX. Speedometer Lights and Reflectors 15. NO DEFECTS
Month Day Year Print Lead	Lead Hauler 1499
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT Agent Name ODOMETER READINGS REQUIRED BY "IFTA" STATE/PROVINCE ROUTES TRAVELED	Agent Code 7445 MILES/KILOMETERS GAL/LITERS FUEL PURCHASED
BEGINNING CIDYSTATE BELL LIGHT UT LIGHT TIME THE	97 125.6
BEGINNING - ODOMETER 9 7 9 3 1 2 ± D : I : 15 Lut I : 15 Lut I : 15 Lut I : 16 Lut I : 1	341
ENDING - ODOMETER 9 7 6 7 5 7 1 2 P.C. T. L. 1. 21	
ENDING CITY/STATE	
Chall's 93 (75) 93 hr	
Attach Fuel Receipts to Miles and Fuel Section. FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED	_ 438 ■ TOTAL MILES/KILOMETERS DRIVEN TODAY

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

5-13-13	Jarmon Harmon	First Initial - Ex. Smith, R)
(Month) (Day) (Year) (Month) 3 4 3 (Total Miles Driving Today) (Tractor Number)	3 I Gafty #)	y these entries are true and correct. (Driver's Signature in Full)
L L 7 7 4 (Trailer Number)	(Co-Driver ID)	(Print Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Way		8 9 10 11 TOTAL HOURS
1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)	8 9 10 11 NOON1 2 3 4 5 6 7	
REMARKS:	Rexbally Rexbally Rexbally Chair Rive	2 4 0 0 1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
X	DAILY VEHICLE CONDITION REPORT 5.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE OX MARKED "NO DEFECTS". 10. Parking Brake 13. 7. Triangles and Fuses 11. Steering Mechanism 14. 8. Horn (Air and/or Electric) 12. Service Brakes 9. Windshield Wipers DRIVER'S SIGNATURE	
MILES AND FUE	EL BY STATE - SPECIALIZED TRANSPOR	TATION, INC.
5-13-15 Print Lead Driver's Name	(asmon D	Lead Hauler 1999
Tractor/Str. Truck 6 Digit # PLACE AN	Agent D / // \$15/5 as-	Agent 700
234 783 (X) IF RENTAL UNIT	Name Pedini Vica 4 Jerge STATE/PROVINCE ROUTES TRAVELED	Code ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
BEGINNING CITY/STATE	TO COSTA COSTA COSTA	7/17
BEGINNING - ODÓMÉTER	7 0 93 4 (28) (33) 4 (33)	_243
279750	LL (3) 26	
ENDING - ODOMETER 980093		
ENDING CITYSTATE	JE"	
	ARI''	

Attach Fuel Receipts to Miles and Fuel Section.

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

TOTAL MILES/KILOMETERS DRIVEN TODAY

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

5-14-15	Harmon	First Initial - Ex. Smith, R) Ty these entries are true and correct.
(Total Miles Driving Today) 23178 (Tractor Number)	3 (Safety #)	(Driver's Signature in Full)
[1] [7] [7] [4] (Trailer Number)	(Co-Driver ID)	(Print Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Way	ne, IN 46898	
MID-NIGHT 2 3 4 5 6 7	8 9 10 11 NOON1 2 3 4 5 6 7	8 9 10 11 TOTAL HOURS 11 11 11 11 11 11 11 11 11 11 11 11 11
REMARKS:	Them Fall South	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
36	DAILY VEHICLE CONDITION REPORT 1.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE IX MARKED "NO DEFECTS". 10. Parking Brake 13. 7. Triangles and Fuses 11. Steering Mechanism 14. 8. Horn (Air and/or Electric) 12. Service Brakes 9. Windshield Wipers DRIVER'S SIGNATURE	(Home Terminal Address)
	EL BY STATE - SPECIALIZED TRANSPOR	TATION, INC.
Month Day Year Print Lead Driver's Name /	Hermon D	Lead Hauler
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Redun Van & Storg	Agent 7445
ODOMETER READINGS REQUIRED BY "IFTA" BEGINNING CITY/STATE	STATE PROVINCE ROUTES TRAVELED ZD 26 W. Z. 538 G. W. 111	MILES/KILOMETERS GAL/LITERS FUEL PURCHASED
BEGINNING - ODOMETER 600 93	4T 91 II5 IZIS LL	118
ENDING CITY/STATE		
Jult fate	- PIN	

Attach Fuel Receipts to Miles and Fuel Section.

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

298 TOTAL MILES/KILOMETERS DRIVEN TODAY

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 of the state of	days, enter end date here: A G F M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M S C M	ast Name, First Initial - Ex. Smith, R)
(Month) (Day) (Year) (Month) (S 3 0 2 3 1 7 8	(Day) (Year) 3	I certify these entries are true and correct. (Driver's Signature in Full)
(Total Miles Driving Today) (Tractor Number)		(Print Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Way	/ne, IN 46898	
1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)	8 9 10 11 NOON1 2 3 4 5	6 7 8 9 10 11 TOTAL HOURS 1 2 5 1 7 2 5 1 7 2 5
REMARKS:	24 Haye	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
J.	DAILY VEHICLE CONDITION REPORT 6.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE OX MARKED "NO DEFECTS". 10. Parking Brake 7. Triangles and Fuses 11. Steering Mechanism 8. Horn (Air and/or Electric) 12. Service Brakes 9. Windshield Wipers DRIVER'S SIGNATURE	E, PLACE AN (X) IN THE APPROPRIATE BOX. 13. Speedometer 14. Lights and Reflectors 15. NO DEFECTS
	EL BY STATE - SPECIALIZED TRAN	SPORTATION, INC.
_5-16-15 Print Lead Driver's Name /	Latrian D	Lead Hauler 2499
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Delin Var & St	Agent Z445 MILES/KILOMETERS GAL/LITERS FUEL PURCHASED
ODOMETER READINGS REQUIRED BY "IFTA" BEGINNING CITY/STATE	STATE/PROVINCE ROUTES TRAVELED UT 4.4 (201) TSO	MILES/KILOMETERS GAL/LITERS FUEL PURCHASED
BEGINNING - ODOMETER 9 4 0 3 6 1	WY T.20 T.20	360 967
ENDING - ODOMETER 9 4 A 9 2 1	(U T:25 T:270 14	92
ENDING CITY/STATE Commerciae City	= = = = = = = = = = = = = = = = = = =	
00017000100		
7	- ORIN	

Attach Fuel Receipts to Miles and Fuel Section.

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

TOTAL MILES/KILOMETERS
DRIVEN TODAY

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

Today's Date/Off Duty Begin Date	s, enter end date here:	(Print Last	Name, First Initial	- Ex. Smith, R)		
5-17-15		larmon				
(Month) (Day) (Year) (Month) (Day)	ay) (Year)	166	I certify these en	tries are true and co	orrect.	
Total Miles Driving Today) (Tractor Number)		(Safety #)		(Driver's Signa	ture in Full)	
(Trailer Number)					- Name \	
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Wayne	e, IN 46898	(Co-Driver ID)		(Print Co-Driv		
1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)	8 9 10 11 NOOI	1 2 3 4 5 6		9 10 11		HOURS
REMARKS:		(Josephan)		Rakspl	Pack CA	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.1 IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX 1. Air Hoses and Connectors 4. Tires 2. Coupling Devices 5. Glass and Mirrors 3. Wheels and Rims 6. Fire Extinguisher	1). IF ANY COMPONENTS A	CONDITION REPORT RE FOUND TO BE DEFECTIVE, P 10. Parking Brake 11. Steering Mechanism	(Home	letel /	IATE BOX. 15. NO DE	FECTS
MILES AND FUEL	L BY STATE - SP	ECIALIZED TRANSI	PORTATI	ON, INC.		
Month Day Year Print Lead Driver's Name	annen D			Lead Hauler Code	1499	-
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Refun	wow of Son	Ope =	Agent Code	145	
ODOMETER READINGS REQUIRED BY "IFTA"	STATE/PROVINCE	ROUTES TRAVELED	MILE	S/KILOMETERS	GAL/LITERS FUEL F	PURCHASED
BEGINNING CITY/STATE COMMITTEE BEGINNING - ODOMETER	CO 4- 3	1270 I25	- -	99	1 -	
ENDING - ODOMETER 980921	WY I.25	I80	<u> </u>	360	<u> 65</u>	. 0
981414	UT ISO			34		_ 8
ENDING CITY STATE						
(- O.C.,				_ =
						_ =
	\					
						_ 8
Attach Fuel Receipts to Miles and Fuel Section.				463	TOTAL MILE	S/KILOMETERS

OHIGINAL - Submit to carrier DUPLICATE - Retain in your possession for 8 days

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:	(Print Last Name, Firs	t Initial - Ex. Smith, R)
(Month) (Day) (Year) (Month) (Day) (Year)	I certify th	ese entries are true and correct.
34 231763 1	499	(District Full)
(Total Miles Driving Today) (Tractor Number)	(Safety #)	(Driver's Signature in Full)
(Trailer Number)	(Co-Driver ID)	(Print Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Wayne, IN 46898	ON1 2 3 4 5 6 7	8 9 10 11 TOTAL HOURS
MID- NIGHT 1 2 3 4 5 6 7 8 9 10 11 NO 1: Off Duty		23.75
2: Sleeper		111111111111111111111111111111111111111
3: Driving		
4: On Duty (Not Driving)		24.00
REMARKS		1/4 = 0.25 1/2 = 0.50
		3/4 = 0.75
B/L NO. LOG USING STANDARD TIME OF HO	METERMINAL Salt Lale	LIT
		(Home Terminal Address)
THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS	CONDITION REPORT ARE FOUND TO BE DEFECTIVE, PLACE AN	(X) IN THE APPROPRIATE BOX.
	'. □ 10. Parking Brake □ 13. Sp □ 11. Steering Mechanism □ 14. Lig ctric) □ 12. Service Brakes	eedometer phts and Reflectors 215. NO DEFECTS
☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher ☐ 9. Windshield Wipers	DRIVER'S SIGNATURE	
	PECIALIZED TRANSPORT	ATION, INC.
Month Day Year Frint Lead Driver's Name How no 1		Lead Hauler 1499_
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT Name Pagent Name	my Van & Stars	Agent 7445
ODOMETER READINGS REQUIRED BY "IFTA" STATE/PROVINCE BEGINNING CITY/STATE,	ROUTES TRAVELED	MILES/KILOMETERS GAL/LITERS FUEL PURCHASED
Palk City UT IS	(201) LL	34
BEGINNING - ODOMETER 951414		
ENDING - ODOMETER 981448	20,	
ENDING CITY/STATE		
	ORIV	
	OPIN	
	OPIN	
	O OPIN	

NOTE: All entries must be neatly printed in blocks.

Use blue or black ink only.

5-19-15	ays, enter end date here: Day) (Year) (Print Last	Name, First Initial - Ex. Smith, R) I certify these entries are true and correct.
Total Miles Driving Today) (Tractor Number)	3	(Driver's Signature in Full)
(Trailer Number)	(Co-Driver ID)	(Print Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Way		7 0 0 10 11 TOTAL HOURS
1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving)	8 9 10 11 NOON1 2 3 4 5 6	7 8 9 10 11 TOTAL HOURS 11 1
REMARKS:	Socies Sp. Pack Scales Sp. Pack III	1/4 = 0.25 1/2 = 0.50 3/4 = 0.75
X	DAILY VEHICLE CONDITION REPORT 11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, P X MARKED "NO DEFECTS". 10. Parking Brake 7. Triangles and Fuses 11. Steering Mechanism 8. Horn (Air and/or Electric) 12. Service Brakes 9. Windshield Wipers DRIVER'S SIGNATURE	
MILES AND FUE	L BY STATE - SPECIALIZED TRANSF	PORTATION, INC.
	Yurmon D	Lead Hauler 1499
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Rodu Von & Ste	Agent 7445 Code 7445
ODOMETER READINGS REQUIRED BY "IFTA" BEGINNING CITY STATE	STATEPROVINCE ROUTES TRAVELED	MILES/KILOMETERS GAL/LITERS FUEL PURCHASED
BEGINNING - ODOMETER GSIUGS	1 1 LL 1215 89 91	V(8) 1 5 1
ENDING - ODOMETER 981747	# - " (S) N 2 13 WILL	
ENDING CIPYSTATE Aberdeen		
	OR'	

Attach Fuel Receipts to Miles and Fuel Section.

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

299 TOTAL MILES/KILOMETERS DRIVEN TODAY

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: (Print Last Name, First Init (Print Last N	Rel * EA. Shinti, ri)
(Month) (Day) (Year) (Month) (Day) (Year) I certify these	entries are true and correct.
190 231783 149 1	(Driver's Signature in Full)
(Total Miles Driving Today) (Tractor Number) (Safety #)	(Dilvei a digitature in rum)
(Co-Driver ID)	(Print Co-Driver Name)
Specialized Transportation Inc 5001 US Hwy. 30W - Fort Wayne, IN 46898	
MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving) REMARKS:	9 10 11 TOTAL HOURS 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE AN (X IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS". 10. Parking Brake 13. Speec 14. Lights 15. Air Hoses and Connectors 4. Tires 2. Coupling Devices 5. Glass and Mirrors 8. Horn (Air and/or Electric) 12. Service Brakes 14. Lights 15. Stephen 16. Fire Extinguisher 9. Windshield Wipers 16. Fire Extinguisher 17. Triangles and Fixes 18. Stephen 18. Stephen 19. Windshield Wipers 18. Stephen 19. Windshield Wipers 1	s and Reflectors 215. NO DEFECTS
MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION Day Year	
Month Day Year S-20-15 Print Lead Driver's Name Hulmon	Lead Hauler 1999
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT Agent Name Reduce Vous & Horge	Agent 7445
ODOMETER READINGS REQUIRED BY "IFTA" STATE/PROVINCE ROUTES TRAVELED M	ILES/KILOMETERS GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE Hercheen BEGINNING - ODOMETER G S 1 7 4 7 ENDING - ODOMETER G S 1 9 3 7 ENDING CITY/STATE HShip	190

LOG USING STANDARD TIME OF HOME TERMINAL

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 EQUIND	DI ACE AN (V) IN THE DOV MADKED "NO DESECTE"	10 Doubing Ducks	_ 10 0

- ☐ 1. Air Hoses and Connectors ☐ 4. Tires ☐ 2. Coupling Devices ☐ 5. Glass and Mirrors
- ☐ 3. Wheels and Rims
- ☐ 6. Fire Extinguisher
- □ 7. Triangles and Fuses
- ☐ 8. Horn (Air and/or Electric)
- ☐ 9. Windshield Wipers
- □ 10. Parking Brake□ 11. Steering Mechanism□ 12. Service Brakes
- □ 13. Speedometer□ 14. Lights and Reflectors

№15. NO DEFECTS

DRIVER'S SIGNATURE

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.

Month Day Year			
	Harmon D	Lead Hauler Code	1499
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT	Agent Reduce Van & Sterse	Agent Z	405
ODOMETER READINGS REQUIRED BY "IFTA"	1 2 3	MILES/KILOMETERS	GAL/LITERS FUEL PURCHASED
BEGINNING CITY/STATE BEGINNING - ODOMETER	ID 20 LL 20 Ln 20 I15	_234	
981937 ENDING - ODOMETER	UT I15 I215 Lm	97	
982268 ENDING CHARTE			
Selt lake			
	OP'		
Attach Fuel Receipts to Miles and Fuel Section. FUEL RECEIPTS WILL NOT BE ACCEPTED IF	THE DATES HAVE BEEN CHANGED	_33L	TOTAL MILES/KILOMETERS DRIVEN TODAY