ORIGINAL - 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, First Initial - Ex. Smith, R) (Day) (Year) (Month) (Day) (Year) ertify these entries are true and correct (Total Miles Driving Today) (Tractor Number) (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 **11 NOON 1 TOTAL HOURS** 1: Off Duty 2: Sleeper 3: Driving 4: On Duty (Not Driving) 4.0 **REMARKS:** 1/4 = 0.25SLC, MT 1/2 = 0.503/4 = 0.75B/L NO. 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 FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS". ☐ 10. Parking Brake ☐ 13. Speedometer ☐ 1. Air Hoses and Connectors ☐ 4. Tires ☐ 7. Triangles and Fuses ☐ 11. Steering Mechanism ☐ 14. Lights and Reflectors ☐ 15. NO DEFECTS ☐ 2. Coupling Devices ☐ 5. Glass and Mirrors □ 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 Print Lead Lead Hauler Driver's Name Code Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT Agent Agent Code ODOMETER READINGS REQUIRED BY "IFTA" STATE/PROVINCE **ROUTES TRAVELED** MILES/KILOMETERS GAL/LITERS FUEL PURCHASED BEGINNING CITY/STATE

BEG!NNING - ODOMETER ENDING - ODOMETER ENDING CITY/STATE 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