

☐ Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898

REMARKS:

B/L NO. SF LOG USING STANDARD TIME OF HOME TERMINAL SALT LAKE CITY, UT
(Home Terminal Address)

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
☐ 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

Attach Fuel Receipts to Miles and Fuel Section.

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

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
[04]-[24]-[15]
(Month) (Day) (Year)

If multiple off-duty days, enter end date here:
[]-[]-[]-[]-[]-[]
(Month) (Day) (Year)

(Print Last Name, First Initial - Ex. Smith, R)
[A][U][B][R][E][Y][]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

(Total Miles Driving Today)
[2][3][0]

(Tractor Number)
[2][3][6][8][6][6][]-[]-[]

(Safety #)
[]-[]-[]-[5][2][3][6]

(Trailer Number)
[2][4][1][4][9][]-[]-[]

(Co-Driver ID)
[]-[]-[]-[]-[]-[]

I certify these entries are true and correct.
[Signature]
(Driver's Signature in Full)

(Print Co-Driver Name)
[N/A]

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	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1: Off Duty																									20.50
2: Sleeper																									
3: Driving																									
4: On Duty (Not Driving)																									

REMARKS:
VS1 ROAD, UT

LOG USING STANDARD TIME OF HOME TERMINAL

SALE LAKE CITY, UT
(Home Terminal Address)

1/4 = 0.25
1/2 = 0.50
3/4 = 0.75

B/L NO. [SF] 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.
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- | | | | | |
|--|---|--|---|--|
| ☐ 1. Air Hoses and Connectors | ☐ 4. Tires | ☐ 7. Triangles and Fuses | ☐ 10. Parking Brake | ☐ 13. Speedometer |
| ☐ 2. Coupling Devices | ☐ 5. Glass and Mirrors | ☐ 8. Horn (Air and/or Electric) | ☐ 11. Steering Mechanism | ☐ 14. Lights and Reflectors |
| ☐ 3. Wheels and Rims | ☐ 6. Fire Extinguisher | ☐ 9. Windshield Wipers | ☐ 12. Service Brakes | ☒ 15. NO DEFECTS |

DRIVER'S SIGNATURE [Signature]

MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.

Month [4]-[24]-[15] Day Year	Print Lead Driver's Name [THAYNE AUBREY]	Lead Hauler Code [C2600]
Tractor/Str. Truck 6 Digit # [236866]	PLACE AN (X) IF RENTAL UNIT ☐	Agent Code [7445]
ODOMETER READINGS REQUIRED BY "IFTA"		
BEGINNING CITY/STATE [MOAB, UT]	STATE/PROVINCE [UT]	ROUTES TRAVELED [1-70-1-6-1-15]
BEGINNING - ODOMETER [856092]		MILES/KILOMETERS [230]
ENDING - ODOMETER [856322]		GAL/LITERS FUEL PURCHASED []
ENDING CITY/STATE [SLC, UT]		

Attach Fuel Receipts to Miles and Fuel Section.

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