



For Casuals, Intermittent or Occasional Drivers

I. GENERAL - Driver must complete all areas. (Please Print All Information)

Name: _____ Social Security No.: _____

Home Address: _____
Street City/Town State Zip

Driver's License: State: _____ Type/Class: _____ ID No. _____

II. HOURS OF SERVICE - Every driver, when first employed, or when being employed temporarily must comply with 49 CFR 395.8 (j) by completing the information below for each of the last 7 days, and indicating the date and time at which that person was last relieved from work.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I was last on-duty at: _____ on: _____
Time Mo. Day Year

I hereby certify that the above information is correct to the best of my knowledge and belief:

Driver's Signature: _____ Date: _____

III. EMPLOYMENT CHECK LIST FOR CASUALS - In compliance with 49 CFR 391.51(d), the following information must be secured and retained in the driver qualification file for every person used as a driver on an intermittent, casual, or occasional basis. The person obtaining the information from the driver must initial each item in the space provided.

On File

- 1. Medical Certificate** - The medical examiner's certificate that the driver is physically qualified, or a legible photographic copy, not more than two (2) years old. _____
- 2. Certificate of Road Test** - An original or copy of the certificate of road test administered in compliance with 49 CFR 391.31, not more than three (3) years old, or a copy of a classified license issued upon successful completion of a road test as provided for in 49 CFR 391.33. _____
- 3. Part 382 Compliance** - Driver is enrolled in our company Part 382 Program and has been since _____. _____