

DRIVER WEEKLY WORK HRS

Hours-Of-Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on-duty) during the immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name (Printed) _____

<u>Day</u>	<u>Total time on duty</u>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was from _____ to _____
(Hour/date) (Hour/date)

Driver's Signature _____ Date _____

RECEIVED
RECORDS MANAGEMENT
2017 MAR -2 PM 3:45
STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION

VIOLATION AND REVIEW RECORD

Driver's Name _____

Employee Number _____

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

Operator's License: (Revoked, Suspended, or Withdrawn) _____ Date: _____ Restored: _____		
License Number: _____	State _____	Date: _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months, because of any violation required to be listed.

Driver's Signature Date

Reviewed by: Signature Title

Motor Carrier's Name Motor Carrier's

REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below (and on the reverse side of this form if additional room was necessary).

Reviewed by: Signature Title Date

(Form 9 - Rev. 10-2001)