



Driver Data Sheet

Name: _____ Date: _____

Social Security Number: _____

CDL: _____ State: _____

Please provide total time on duty during the immediate preceding 7 days last relieved of duty prior to beginning work with source Logistics.

Rule 395.8 j2 FMCSR

Day	1	2	3	4	5	6	7	Total
Date								
Hours								

I hereby certify that the information given above is correct to the best of my knowledge and belief. I was last relieved from work at _____ am/pm on _____.

Signature: _____