DOT Driver Hours of Service Record

Driver Information

Driver Name: _____   Driver ID: _____

Date: _____   Vehicle Number: _____

Carrier Name: _____

Hours of Service Log

Time	On Duty (Driving)	On Duty (Not Driving)	Off Duty	Sleeper Berth	Remarks/Location

Daily Total

Total Hours On Duty: _____   Total Hours Driving: _____   Total Miles: _____

Driver Certification

Driver's Signature: _____   Date: _____