



FOR CASUALS, INTERMITTENT OR OCCASIONAL DRIVERS

(Please Print All Information)

I. GENERAL - Driver must complete all areas.

Name: _____ Social Security Number: _____

Home Address: _____

Driver's License: State: ^{Street} _____ Type/Class: _____ ^{City/Town} ID No. _____ ^{State} ^{Zip}

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 Month 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 CHECKLIST 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.

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.

On File

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 _____

This form is made available with the understanding that NATC, Inc. is not engaged in rendering legal, accounting, or other professional services. NATC, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.