



Employee's Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Driver's License State \_\_\_\_\_ License Type \_\_\_\_\_ Exp. Date \_\_\_\_\_ Medical Exp. Date \_\_\_\_\_

**Statement of On-Duty Hours**

Title 13 CCR 1213 - Motor Carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carrier.

Title 13 CCR 1201 - **On Duty Time** means all the time from the time a driver begins work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work.

Day	1 Yesterday	2	3	4	5	6	7	
Date								Total Hours
Hours Worked								

**Driver Verification of Multiple Employment**

Are you currently working for another company?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you intend to work for another company while employed by MGE?

\_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the above information is correct and complete to the best of my knowledge. If I begin working for another employer(s) for compensation while employed by MGE, I will inform MGE immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date