

DRIVER'S RECEIPT
FEDERAL MOTOR CARRIER SAFETY REGULATIONS

I hereby acknowledge that I have received a copy of the Federal Motor Carrier Safety Regulations, 49 CFR parts 40 and 382, 383 and 390 – 397 of the Department of Transportation.

I agree to familiarize myself with these regulations and to comply with all the provisions of these regulations. I will also follow all company procedures as required by the Motor Carrier.

Name of Driver

Driver's Signature

Name of Motor Carrier

Signature of Motor Carrier

Date

FMCSR Rev. Date