



Box 158
 Blumenort, MB R0A 0C0
 Phone: 204-515-5882
 Fax: 888-247-6363

LOCAL HOURS FORM

Date: _____

Driver Name: _____ **Start Odometer:** _____

Unit #: _____ **End Odometer:** _____

Start Time: _____ **End Time:** _____

Select Cycle: **Cycle 1** **Cycle 2**
 (USA 70hr/8 Day) (CA South 70hr/7 Day)

Trailer #	Ship From Location	Ship To Location	Pick-Up Time	Delivery Time

Fuelling Information (RECEIPTS REQUIRED)		
Truck Stop Name	Location (City, Prov.)	Quantity (L)

Signature: _____

* Notify Dispatch immediately of any delays in pick-up/delivery times
 ** Notify Dispatch immediately of any damage to product before signing any paperwork