**Vehicle # \_\_\_\_\_\_\_ Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year \_\_\_\_\_\_\_\_**

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| **Date** | **Route, Activity, Destination** | **Beginning Miles** | **Ending Miles** | **Total Miles** | **Student Count** | **Pre**  **Trip** | **Post**  **Trip** | **Fuel** | **Oil** | **Defect**  **Report** | **Driver Signature** |
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**Your signature indicates that you are in full compliance of the following:**

1. I have performed a daily pre-trip and a daily post-trip of all items listed on the STU-8 as required per 1 CCR 301-26,4204-R-8.01 and 8.03.

2. I am in compliance with the CDE Maximum Driving Time for School Transportation Vehicle Operators Rules, per 1 CCR 301-26, 4204-16.00