

Attestation of Activities

Please keep this as part of your 28 days of history after which it should be handed into the operator and kept on file for a period of no less than 12 months

FALSE ATTESTATIONS CONSTITUTE AN INFRINGEMENT

Part to be filled in by the Operator

Company: _____

Street address, city, postal code: _____, _____, _____

Telephone number (including international prefix): _____

Email address: _____

I, the undersigned;

Full name: _____

Position: _____

declare that the driver;

Full name: _____

Date of Birth (day/month/year): ____/____/____

Driving Licence Number: _____

Who has started to work at the company on (day/month/year): ____/____/____

for the period;

From (hour/day/month/year): ____/____/____/____

To (hour/day/month/year): ____/____/____/____

- ☐ Sick leave
- ☐ Annual leave
- ☐ Leave or rest
- ☐ Drove a vehicle exempt from the scope of Regulation (EC) 561/2006 or the AETR
- ☐ Performed other work than driving

Signature: _____

Date: ____/____/____

I, the driver, confirm that I have not been driving a vehicle falling under the scope of Regulation (EC) 561/2006 or the AETR during the period mentioned above.

Date: ____/____/____

Full Name: _____

Signature: _____

Date: ____/____/____

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