Agricultural Haulers Exemption

Monthly Report

ATTENTION: Agricultural Hauler Program Officer
EMAIL: AgHaulerProgram@chp.ca.gov
OFFICE: 916-843-3400 (Commercial Vehicle Section)
FAX: 916-322-3154

DATE FAXED: ______________________
REPORTING FOR THE MONTH OF: ______________________

Please find my monthly report regarding my use of the Agricultural Haulers exemption below:

1. Number of loads carried in (# of truck loads only, not # of bins, boxes or tubs):
   
   Bins: ______________________
   Boxes: ______________________
   Tubs: ______________________

2. Total number of miles traveled: ______________________

3. Total number of on-highway accidents: ______________________

4. Total number of off-highway accidents: ______________________

5. Total number of driver hours (by month): ______________________

6. Total citations received:
   Loading: ______________________
   Mechanical: ______________________
   Driver: ______________________
   Other: ______________________

If you have any questions, please do not hesitate to contact me at ______________________. Thank you for your continued assistance.

Sincerely,

Name: ______________________
CA No.: ______________________