AGRICULTURAL COUNCIL OF CALIFORNIA

AGRICULTURAL HAULERS EXEMPTION FORM
MONTHLY REPORT

ATTN: OFFICER RUSSELL LEIMER
E-MAIL: rleimer@chp.ca.gov
FAX: (916) 322-3154

DATE: _____

Dear Officer Leimer:

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

1.) Number of loads carried by: 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: _____

Exemption No.: _____

CA No.: _____