

# TRUCK OWNER-OPERATOR CERTIFICATION OF OWNERSHIP

CEM-2510 (REV 07/2005)

Caltrans Contract Number

Project Location

## SECTION 1

I, \_\_\_\_\_, am the registered owner or lessee of the vehicle listed below:

Business Name: \_\_\_\_\_

Name of Registered Owner: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Description of Truck:  
(Example: 5-Axle Dump Truck) \_\_\_\_\_

MCP#: \_\_\_\_\_

Truck CA#: \_\_\_\_\_

Truck License Number: \_\_\_\_\_

## SECTION 2

I, \_\_\_\_\_, do hereby certify under penalty of perjury that I am the owner of this  
(Name of Owner-Operator)

vehicle, that I am an independent owner operating this vehicle as an owner-operator, and that I am not employed by any trucking company, broker, or contractor as an employee in accordance with the Fair Labor Standards Act, Employment Relationship.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

## SECTION 3

I, \_\_\_\_\_, do hereby certify under penalty of perjury that I have sole use and  
(Name of Owner-Operator)  
discretion of this vehicle during the time period specified in my lease agreement with \_\_\_\_\_.  
(Name of Lessor)

\_\_\_\_\_  
Signature of Lessor

\_\_\_\_\_  
Date

**PLEASE COMPLETE ALL INFORMATION IN SECTION 1 and  
EITHER SECTION 2 or SECTION 3**

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CEM-2510 (REV 07/2005)

## Instructions

Caltrans Contract Number	District - Expenditure Authorization
Project Location	Description of Project
Name of Owner-Operator or Lessee	First and Last Name of owner-operator or lessee
Business Name	Name as indicated on truck or registration
Name of Registered Owner	First and Last Name of registered owner as listed with DMV
Driver License Number	Number listed on valid driver's license
Address	Street address of business
City, State, Zip	City, State, Zip of business
Description of Truck	Full description of make, model, year of truck
MCP#	Motor Carrier Permit Number issued by DMV
CA#	CA# as issued by CHP
Truck License Number	Number as provided by CA DMV registration
Name of Owner-Operator	First and Last Name of owner-operator
Signature of Owner-Operator	Full signature of owner-operator
Date	Date of completion of form
Name of Lessee	First and Last name of Lessee
Signature of Lessee	Full signature of Lessee