

OWNER-OPERATOR LISTING

FORM HC-59 (REV 3/79)

NAME OF CONTRACTOR EMPLOYING OWNER OPERATOR(S)				ADDRESS											
PAYROLL NO.		FOR WEEK ENDING		PROJECT AND LOCATION						CONTRACT NO.					
NAME, ADDRESS, SOCIAL SECURITY NO., AND CONTRACTORS LICENSE NO. OF OWNER-OPERATOR (IF ANY)	WORK CLASSIFICATION	DESCRIPTION OF EQUIPMENT	TRUCK CAL T NO. AND/OR EQUIP. LICENSE NO.	DAY AND DATE							TOTAL WEEKLY HOURS	HOURLY RATE OF PAY	GROSS PAYMENT EARNED	CHECK NO.	
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NOTE: CERTIFICATION WILL BE ACCEPTED ONLY FROM THE CONTRACTOR EMPLOYING THE OWNER OPERATOR. IT WILL NOT BE ACCEPTED FROM THE OWNER OPERATOR HIMSELF.