

## HOBBYIST'S DECLARATION OF NON-COMMERCIAL TRANSPORTATION

| , whose home address is,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| (name, printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (street or box number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (city, state, zip)                                                                                                                                                                                                                                                                                                                                                                                                          |
| hereby declare the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ol> <li>At the time of my showing this declaration to an ecommercial or business activity.</li> <li>I am on the way to or from a hobbyist's convention antique truck(s) that you see before you.</li> <li>I collect and restore old trucks as a hobby. I am a decordingly, it is my understanding that the Federal Motor related rules adopted by your state, do not apply to the ocommercial activity is being conducted, the driver is not sof service, medical examiner's cards, Vehicle Inspection The vehicle is not subject to undergoing a Motor Carrier's the requirement to display evidence of an FHWA Annual operation is not subject to the commercial insurance regulator required to display a "U.S. DOT" number (Part390).</li> </ol> | on or show for the purpose of exhibiting the not in the antique truck business in any way. In commercial enterprise.  Or Carrier Safety Regulation (FMCSR's), or those operation of this vehicle at this time. Since no subject to the rules pertaining to log books, hours Reports, etc. (Parts 391, 395 and 396 of Title 49). Safety Assistance Program (MCSAP) inspection or Inspection (Parts 393 and 396). The truck's |
| Signature (may be notarized)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                             |
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