



Truck Driver of the Year Nomination Form

Louisiana Truck Driving Championships
Awards Banquet

DRIVER INFORMATION SHEET

Driver's Name: _____
FIRST MI LAST

Home Address: _____

City, State: _____ ZIP: _____

Phone: (____) _____ Email: _____

Check box if you are married. Spouse's Name (If Applicable): _____

Check box if you have children. Children's Names & Ages (If Applicable): _____

Memberships (Clubs, lodges, etc.): _____

MILITARY RECORD

Army Navy Air Force Marines Coast Guard

Principle Duties: _____

Campaigns: _____

Citations: _____

EXPERIENCE

Current Employer: _____ # Years: _____

Supervisor's Name: _____ Phone: (____) _____

Home Terminal Mailing Address: _____

City, State: _____ ZIP: _____

Years of Commercial Driving: Current Employer: _____ Previous Employer: _____

Total Mileage Commercial Driving: Current Employer: _____ Previous Employer: _____

Safe Driving (No-Accident) Record: Years: _____ Miles: _____

Date of Last Preventable Accident: _____

Moving Violations: _____

Usual Run (Local, Peddle, Line haul, etc.): _____

Type of Equipment Regularly Operated: Straight Truck Tractor/Trailer Twins

