

LOUISIANA MOTOR TRANSPORT ASSOCIATION, INC.

# 2023 Safety Professional of the Year

## Nomination Form for State Safety Professional of the Year

Safety Professional Name \_\_\_\_\_

Company Name \_\_\_\_\_

The above named individual is hereby nominated for the LMTA Safety Management Council "Safety Professional of the Year" Award as a person responsible for supervising the safety activities of a truck fleet. This person is of high moral character and has devoted his/her career to the field of highway and industrial safety. All of the statements made in support of this nomination are true.

Signed \_\_\_\_\_  
*Name of Person Making Nomination*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

The following Safety Professional Information Sheet must be filled out completely and the nomination should be supported by information regarding the nominee's experience, training, activities, recognition and achievements. Fleet information pertaining to the type of fleet, safety program and safety records should also be included. Particular emphasis should be placed on the most recent years.

In addition, all nominations must comply with the following rules:

1. Nominee's company must be a member of the LMTA and the nominee must be a member of the LMTA Safety Management Council.
2. Any person responsible for supervising truck safety activities is eligible.
3. All of the above requested information is due to renee@lmta.la by **February 10, 2023.**
4. Judging will be based upon professional achievements, success in advancing highway and industrial safety within the fleet, relationship and cooperation with government officials, and methods of meeting and solving safety problems facing the nominee's fleet. Also considered will be work and leadership in the safety activities of the LMTA and activities in other organizations concerning safety professionals.



**SAFETY PROFESSIONAL INFORMATION SHEET**  
**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Work Address \_\_\_\_\_

Company Headquarters Address \_\_\_\_\_

Married? \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Children? \_\_\_\_\_ Names & Ages \_\_\_\_\_

Memberships (*Lodges, Clubs, etc.*) \_\_\_\_\_

**Military Record**

Length of Service \_\_\_\_\_ When \_\_\_\_\_

Branch: (*Circle One*)    Army            Navy            Air Force            Marines            Coast Guard

Principal Duties \_\_\_\_\_

Campaigns \_\_\_\_\_

Citations \_\_\_\_\_

**Experience**

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Terminal Address \_\_\_\_\_

Responsibilities \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Terminal Address \_\_\_\_\_

Responsibilities \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Terminal Address \_\_\_\_\_

Responsibilities \_\_\_\_\_

Title \_\_\_\_\_

Other Safety Activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*If additional space is needed, continue on separate sheet and attach.*