

Truck Driver of the Year Nomination Form

Louisiana Truck Driving Championships Awards Banquet

#### NOMINATION FORM FOR LOUISIANA DRIVER OF THE YEAR

Driver's Name:				
	FIRST	MI	LAST	
Company Name:				

#### **BASIS OF NOMINATION**

A driver may be nominated for a long record of safe and courteous driving, an outstanding deed of heroism or highway courtesy, and/or for an outstanding contribution to highway safety. It is preferable that the driving record be used in conjunction with one of the other acts mentioned.

Be sure to give all pertinent information regarding this nomination using the following Driver Information Sheet, which should be filled out completely (if additional space is needed, continue on separate sheet & attach).

Please email forms & materials to: SUBJECT: DRIVER OF THE YEAR NOMINATION to the LMTA email address Imta@Imta.la.

#### **DRIVER CERTIFICATION & AGREEMENT**

In consideration of my being allowed to participate in the Louisiana Trucking Research & Education Council's Driver of the Year Program and to be eligible for the awards offered to the winner or winners, I hereby certify and agree to the following:

- All of the statements contained in the material in support of my Nomination for the Driver of the Year are true.
- I will always conduct myself in such a way as to protect and maintain the high status of the title "Driver of the Year" and I agree that the title may not be used in any advertising, promotion, or exhibition except those sanctioned in writing by the Louisiana Trucking Research & Education Council.
- I currently possess a valid Commercial Drivers License issued from my state of residence.

Nominee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Official Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_



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### **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 & . (If Applicable):	Ages			
Memberships (Clubs, lodges, etc.):					
MILITARY RECORD	)				
Army	Navy	Air Force	Marines	Coast Guard	
Principle Duties:					
Campaigns:					
Citations:					
EXPERIENCE					
Current Employer:				# Years:	
Supervisor's Name:		F	Phone:()_		
Home Terminal Mailing A					
City, State:			2	ZIP:	
Years of Commercial Driv	loyer:	Previous Employer:			
Total Mileage Commercia	al Driving: Current Em	oloyer:	Previous E	mployer:	
Safe Driving (No-Accider					
Date of Last Preventable	Accident:				
Moving Violations:					
Usual Run (Local, Peddle, Li					
Type of Equipment Regu Operated:		raight Truck	Tractor/Traile	r Twins	



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### **OTHER NOTABLE INFORMATION**

First Aid Certifications: \_

Letters of Recommendation, acts of heroism, etc:

This may include company safety record, public & customer relations, employee/employer relations, acceptance of responsibility, care of equipment, control of O.S. & D. and freight handling, and work ethic (including attitude & attendance) among other information. If additional space is needed, please continue on separate sheet & attach.

# TO COMPLETE APPLICATION PLEASE ATTACH THE FOLLOWING

#### Name of Hometown Newspaper:

(Including city and nearest city of your hometown) \_\_\_\_

Photocopy (front & back) of your driver's license showing signature, class and endorsements.

A recent 2" x 3" (or larger) Head and Shoulder photograph.

#### ALL ENTRIES MUST BE RECEIVED BY THE DEADLINE. Please upload forms & materials by email to Imta@Imta.la with the subject Truck Driver of the Year Award.

If you have any issues please email LMTA at Imta@Imta.la or call the office at (225) 928-5682.