



## 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 [lmta@lmta.la](mailto:lmta@lmta.la).

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### 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 & 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

