

Safety Professional of the Year Nomination Form

ABOUT SAFETY PROFESSIONAL OF THE YEAR

Safety Professional of the Year is awarded to a deserving 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. **The Safety Professional Information Form 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. Emphasis should be placed on the most recent years.

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

- Any person responsible for supervising truck safety activities is eligible.
- Judging will be based on 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.

NOMINATION FORM FOR STATE SAFETY PROFESSIONAL OF THE YEAR

Company Name: _____

Name of Person Submitting Nomination: _____

PLEASE ATTACH A DOCUMENT CONTAINING INFORMATION TO SUPPORT YOUR NOMINATION. *This may include the nominee's experience, training, activities, recognition and achievements any other relevant information.*

NOMINEES' INFORMATION

Nominee's Name: _____

Nominee's Work Address: _____

City, State: _____ ZIP: _____

Phone: (____) _____ Email: _____

☐

Check box if driver is married.

Spouse's Name _____
(If Applicable):

☐

Check box if driver has children.

Children's Names & Ages _____
(If Applicable):

MILITARY RECORD

☐

Army

☐

Navy

☐

Air Force

☐

Marines

☐

Coast Guard

Principle Duties: _____

Campaigns: _____

Citations: _____

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SAFETY PROFESSIONAL EXPERIENCE:

Current Employer: _____

Current Employer Phone: (____) _____ Email: _____

Current Employer Headquarters' Mailing Address: _____

City, State: _____ ZIP: _____

Current Home Terminal Mailing Address: _____

City, State: _____ ZIP: _____

Title(s): _____

Responsibilities: _____

PREVIOUS EMPLOYER INFORMATION:

Previous Employer: _____

Previous Employer Phone: (____) _____ Email: _____

Previous Employer Headquarters' Mailing Address: _____

City, State: _____ ZIP: _____

Previous Home Terminal Mailing Address: _____

City, State: _____ ZIP: _____

Title(s): _____

Responsibilities: _____

ONLY YOUR MOST RECENT PREVIOUS EMPLOYMENT HISTORY IS NEEDED.

This form includes two additional sections to add more employer information. If you would like to add more of your work history, please include this in your final attachment. All information presented will be considered during judging.

Previous Employer: _____

Previous Employer Phone: (____) _____ Email: _____

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Previous Employer Headquarters' Mailing Address: _____

City, State: _____ ZIP: _____

Previous Home Terminal Mailing Address: _____

City, State: _____ ZIP: _____

Title(s): _____

Responsibilities: _____

Previous Employer: _____

Previous Employer Phone: (____) _____ Email: _____

Previous Employer Headquarters' Mailing Address: _____

City, State: _____ ZIP: _____

Previous Home Terminal Mailing Address: _____

City, State: _____ ZIP: _____

Title(s): _____

Responsibilities: _____

CERTIFICATION AGREEMENT:

*Signature: _____ Date: _____

In submitting this nomination for the Louisiana Safety Professional of the Year Award, and to be eligible for the awards offered to the winner or winners, I hereby certify and agree all the statements contained in the materials in support of my nomination or nominee for the Safety Professional of the Year are true.

Please email forms & materials to:

SUBJECT: SAFETY PROFESSIONAL OF THE YEAR NOMINATION

Renee Amar | Executive Director

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