

Truck Driver of the Year Nomination Form

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: SAFETY PROFESSIONAL OF THE YEAR NOMINATION

Renee Amar | Executive Director

renee@lmta.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 & 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

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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.

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