

Driver of the Month/Year  
NORTH CAROLINA TRUCKING ASSOCIATION

Nomination Year 2018

**NOMINATING REQUIREMENTS FOR THE NORTH CAROLINA TRUCKING ASSOCIATION DOM/DOY AWARD:**

1. Member in good standing of North Carolina Trucking Association (NCTA).
2. No more than 5 driver entries per company, Driver of the Month.
3. No more than 2 driver entries per company, Driver of the Year.

**Note:** Must be a prior NCTA Driver the of the Month award winner, to be considered as Driver of the Year.

4. Please submit the following: Nominating Form, Digital Photo of the Driver (Head & Shoulder) and MVR.
5. **Nominations are due by June 30, 2018.**

**Driver Nominated for:** \_\_\_\_\_ **2017 Driver of the Month**

\_\_\_\_\_ **2018 Driver of the Year** (provide previous DOM award month/year) \_\_\_\_\_

Driver's Name: _____			Driver's License#: _____			State: _____					
Employer: _____											
Employer's Address: _____			CITY _____			State _____			ZIP _____		
Nominator's Name: _____			Contact #: _____			Email _____					
Equipment Operated:			Tractor/Trailer: _____			Straight/Dump Truck: _____					
Operational Division:			Local: _____			Regional/Line-Haul: _____			OTR: _____		

**Commercial Driving Experience:**

• <u>Years</u> of Commercial Driving Experience:	Current Employer _____	All Other Employers _____
• Approximate <u>Commercial Miles Driven</u> :	Current Employer _____	All Other Employers _____
• <u>Preventable</u> Commercial Vehicle Accidents:	Current Employer _____	All Other Employers _____
• Date of <u>Last Preventable</u> Accident:	Current Employer _____	All Other Employers _____

**Supporting Information:**

1. Driver's nomination may be supported by documenting an outstanding deed of heroism or highway courtesy, an outstanding contribution to highway safety, a long record of safe & courteous driving. Please include all information pertinent to this nomination.
2. Quote from employer. This will be included during Driver of the Month/Year Ceremony

**DRIVER INFORMATION SHEET – DRIVER OF THE MONTH OR YEAR**

NAME \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

(If Married) SPOUSE'S FIRST NAME: \_\_\_\_\_

CHILDREN (names and ages): \_\_\_\_\_

MILITARY RECORD: Army \_\_\_\_ Navy \_\_\_\_ Air Force \_\_\_\_ Marines \_\_\_\_ Coast Guard \_\_\_\_

Dates of Service: \_\_\_\_\_ Principal Duties: \_\_\_\_\_ Campaigns: \_\_\_\_\_ Citations: \_\_\_\_\_

MEMBERSHIPS: Lodges & Clubs \_\_\_\_\_

COMMUNITY SERVICE: Civic Organizations, Church, Family Activities - i.e. Scouts, Little League

EMPLOYER'S NAME: \_\_\_\_\_

MAIN ADDRESS: \_\_\_\_\_

DRIVER'S HOME TERMINAL: \_\_\_\_\_

DRIVER'S DIRECT SUPERVISOR: \_\_\_\_\_

CONTACT FOR COMPANY IN CASE OF SELECTION: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEARS OF COMMERCIAL DRIVING EXPERIENCE: This Company \_\_\_\_\_ All Other Companies \_\_\_\_\_

APPROXIMATE COMMERCIAL MILES DRIVEN: This Company \_\_\_\_\_ All Other Companies \_\_\_\_\_

TYPE OF EQUIPMENT USUALLY OPERATED: Tractor/Trailer  Straight/Dump

TYPE OF OPERATION: Local  Regional/Line-haul  OTR

DATE OF LAST CHARGEABLE ACCIDENT (Month/Year): \_\_\_\_\_

ACCIDENT FREE RECORD: Years \_\_\_\_\_ Miles \_\_\_\_\_

TRUCK DRIVING CHAMPIONSHIP COMPETITION:

Company \_\_\_\_\_ (year)

State \_\_\_\_\_ (year)

National \_\_\_\_\_ (year)

Union: \_\_\_\_\_ Local No: \_\_\_\_\_ City: \_\_\_\_\_

Use extra page if necessary

**THE FOLLOWING CERTIFICATION MUST BE SIGNED BY A MEMBER OF COMPANY MANAGEMENT**

I hereby certify that the above information is correct to the best of our knowledge and belief.

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(Signature)

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(Title)

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(Phone #)

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(Date)

**Return completed forms by June 30, 2018**

North Carolina Trucking Association  
4000 Westchase Blvd  
Ste. 210  
Raleigh, NC 27607  
[nctamembership@nctrucking.com](mailto:nctamembership@nctrucking.com)