



2019
Driver of the Month/Year
NORTH CAROLINA TRUCKING ASSOCIATION

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: To be considered as Driver of the Year, nominee must be a prior NCTA Driver the of the Month award winner.
4. Please submit the following: Nominating Form, Digital Photo of the Driver (Head & Shoulders) and MVR.

5. Nominations are due by Friday, May 17, 2019.

Driver Nominated for: 2018 Driver of the Month [checkbox]

2019 Driver of the Year [checkbox] (provide previous DOM award month/year) _____

Form with fields for Driver's Name, License#, State, Employer, Address, City, State, ZIP, Nominator's Name, Contact #, Email, Equipment Operated, and Operational Division.

Commercial Driving Experience:

Form with bullet points for Years of Commercial Driving Experience, Commercial Miles Driven, Preventable Commercial Vehicle Accidents, and Date of Last Preventable Accident.

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 THE NOMINEE'S
COMPANY MANAGEMENT TEAM**

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

(Signature)

(Title)

(Phone #)

(Date)

Return completed forms by May 17, 2019

North Carolina Trucking Association



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