

Driver of the Month/Year
NORTH CAROLINA TRUCKING ASSOCIATION

Nomination Year 2017

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 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 May 15th, 2015.

Driver Nominated for: Driver of the Month _____

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

(Signature)

(Title)

(Phone #)

(Date)

Return completed forms by May 12, 2017

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