Driver of the Month/Year Program

"Freight is hauled by trucks, but it is the spirit of the driver that gets it done."

Nominate a driver from your company to be the next PMTA “Driver of the Month”. A driver nominated “Driver of the Month” is then eligible to be selected for the esteemed PMTA “Driver of the Year” award.

Driver Eligibility

- Employer must be a member of the Pennsylvania Motor Truck Association (PMTA) in good standing.
- The nominated driver must reside and/or be occupational domiciled in the Commonwealth of Pennsylvania.
- Drivers can be nominated in subsequent years by filing a new entry provided they continue to be eligible, however, any driver selected as Driver of the Month cannot be nominated the following year but may be nominated thereafter.

Nomination

- Driver of the Month nominations must be submitted on the form provided by the Safety Management Council (SMC).
- Nominations may be made by any party, but must be approved by the employer or a representative of the employer.
- An employer may submit as many Driver of the Month nominations as they wish.
- **A photo of the nominated driver must be accompanied with the application form.** Hard copies can be mailed, or an email format can be sent to kmorder@pmta.org
- Nominations for the Driver of the Month may be mailed to: PMTA/SMC at 910 Linda Lane, Camp Hill, PA, at any time.
- The Driver of the Year Program runs annually from January to December.
- Driver of the Year will be selected from the twelve Drivers of the Month. The State Driver of the Year will be nominated for the National Driver of the Year in the American Trucking Associations program.

Documentation:  In addition to the official entry form you must attach a current (within 30 days) copy of the driver’s MVR. You may also want to submit a letter stating the basis for the nomination outlining the driver’s accomplishments, letters received by your company on behalf of the driver, a note or a letter from the driver or a member of his/her family, and any other information in support of the driver’s nomination.

Judging:  Final judging and selection is done by the Driver of the Month/Year Selection Committee. Since the committee is not able to interview the nominee, the documentation and supporting letters and information carry weight in making their decision.
Driver of the Month/Year Nomination Form
"Freight is hauled by trucks, but it is the spirit of the driver that gets it done.”

PLEASE PRINT CLEARLY OR TYPE

Driver Information

1. Driver Full Name ___________________________ Date of Birth __________________

2. Address __________________________________________________________________________

3. City __________________________ State __________________ Zip ________________

4. Home Phone __________________________ Driver’s E-mail ________________________

5. Driver’s License Number __________________________ State of Issue ________________

Carrier Information

1. Carrier Name _______________________________________________________________________

2. Address __________________________________________________________________________

3. City __________________________ State __________________ Zip ________________

4. Carrier Phone Number __________________________ Carrier DOT Number ______________

Driver Information

1. Date began driving professionally ____/____/_______ Date began with present employer/contract ____/____/_______

2. Total number of years driving a CMV (Current and past carriers) *

* Do not count gaps between employers or time spent in a job that was non-driving, only actual verifiable driving time.

3. Total miles driven OTR __________________________ City _______________________ with previous carriers.

4. Total miles driven OTR __________________________ City _______________________ with current carrier.

5. Career miles driven OTR __________________________ City _______________________

6. Class of vehicle driven: (Check all that apply over the driver’s career)

   ____ Step-Van    ____ 3 Axle Van    ____ 5 Axle Van    ____ Tanker
   ____ Straight Truck    ____ 4 Axle Van    ____ Flatbed    ____ Twins

7. Type of driver: (Check all that apply over the driver’s career)

   ____ City/Local    ____ Regional    ____ Over-the-Road    ____ Team Regional    ____ Team Over-the-Road
Driver Safety History Information

1. List all preventable and non-preventable (DOT and non-DOT recordable) accidents at past and current carriers (Use additional paper if needed).

<table>
<thead>
<tr>
<th>Date</th>
<th>Preventable?</th>
<th>Injuries/Deaths?</th>
<th>Location (State)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>Yes</td>
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2. List all traffic violations for the last five (5) years, and all serious violations for the last ten (10) years, both CMV and personal vehicle. List any alcohol/drug related violations that have ever (CMV and Personal) been received (Use additional paper if needed).

**Date Location (State) Violation (If speeding, show rate of speed)**

3. List all DOT “Out-of-Service” road-side inspections for the last three (3) years – both driver and equipment (Use additional paper if needed).

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<thead>
<tr>
<th>Date</th>
<th>Location (State)</th>
<th>Violation</th>
<th>Citation</th>
<th>Yes</th>
<th>No</th>
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4. List all safety awards received (Including Driver of the Month, Truck Driving Championship placement).

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5. List classes/seminars for driver and vehicle safety that have been attended within the past five (5) years (Not including Routine weekly/monthly company safety meetings).

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6. List any reported acts of courtesy or heroism on/off highway (Attach validating information letter, news article, etc.).

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7. List hobbies, interests and family member’s names.
8. Explain why this driver would make a good representative of the transportation industry and of PMTA Driver of the Month/Year.

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Note: A current (within 30 days of submission) MVR must be included with the nomination form.

Safety Department Nominator or a Company Representative Nominator Certification

I certify that the forgoing information and any attachment hereto to be true and correct to the best of my knowledge and belief and in accordance with my investigation.

Signature __________________________________________________  Title _________________ Date ____/____/______

Phone Number ________________________________  E-Mail Address _________________________________________

Driver Certification and Agreement

In consideration of participating in the PMTA/SMC Driver of the Month/Year Program, I certify and agree to the following: To the best of my knowledge, the information in the foregoing is true and correct. I will always conduct myself in a manner that promotes the safety and image of the industry and PMTA/SMC.

Signature __________________________________________________ Date ____/____/______