



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 jrigney@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

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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)

<input type="checkbox"/> Step-Van	<input type="checkbox"/> 3 Axle Van	<input type="checkbox"/> 5 Axle Van	<input type="checkbox"/> Tanker
<input type="checkbox"/> Straight Truck	<input type="checkbox"/> 4 Axle Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Twins
7. Type of driver: (Check all that apply over the driver's career)

<input type="checkbox"/> City/Local	<input type="checkbox"/> Regional	<input type="checkbox"/> Over-the-Road	<input type="checkbox"/> Team Regional	<input type="checkbox"/> Team Over-the-Road
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Driver Safety History Information

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

Date	Preventable?		Injuries/Deaths?		Location (State)	Description
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		

- 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)

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

Date	Location (State)	Violation	Citation	Yes	No
				Yes	No
				Yes	No

- List all safety awards received (Including Driver of the Month, Truck Driving Championship placement).

- 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).

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

- List hobbies, interests and family member's names.
