



# Chair's Safe Driver Club

## Participation Rules

Sponsored by the Council of Safety Supervisors

**A nominee for membership in the Chair's Safe Driver Club (CSDC) must be a driver employed with a Missouri Trucking Association member company.**

### **The Driver Must:**

- be a resident of the State of Missouri; or
- be based at a terminal in Missouri; or
- regularly travel between a Missouri terminal and the terminal where the driver is based.

### **To Qualify For The First Year Of Membership In CSDC:**

1. The driver must have 36 continuous months of service with the same employer as of January 1, 2021.
2. The driver must have no crashes, whether on or off duty, for the previous 36-month period. The only crashes, which do not count against the driver's record, are crashes deemed Not Preventable by FMCSA.
3. The driver must have a clean Motor Vehicle Record (MVR) indicating no traffic citations, whether on or off duty, for the previous 36-month period. (MVR must be attached.)

### **Additional Membership Qualifications:**

4. The driver must be nominated by a company official. Nomination forms will be provided by the MoTA office.
5. After initial membership has been earned, the driver may accrue additional credits for each year of safe driving under compliance with these rules. Special 5, 10, 15, and 20-year awards will be presented.
6. If the member has a crash or a citation within a reporting 12-month period, he/she will lose that particular year toward accrued years of membership. The driver will not lose the years accrued prior to that reporting period.
7. If the driver has two consecutive years of failing to meet the requirements for continuation of membership, he/she will be disqualified from the club and will need to go through the original 36-month probation period to regain admittance.
8. Three citations or three crashes in one reporting year will result in disqualification from the club.



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## Drivers Nomination Form

Sponsored by the Council of Safety Supervisors

Company Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Based on the qualifications outlined, please list the names and addresses of **all** drivers eligible for membership in the Chair's Safe Driver Club. Include the year of membership earned. Please make additional copies of this form if necessary. **Each driver's MVR must accompany this form.**

Driver's Name and Home Address

Years of Membership Earned

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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**CERTIFICATION BY EMPLOYER:** I certify the above drivers have 36 continuous months of service with this company with no crashes or citations, whether on or off duty, as defined in the rules.

\_\_\_\_\_  
Signature Title Date