



102 East High Street
P.O. Box 1247
JEFFERSON CITY, MISSOURI 65102

MISSOURI DRIVER-OF-THE-MONTH NOMINATION

Driver's Name _____ Home Address _____

CDL Number _____ City _____ Zip Code _____

Birth Date _____ Marital Status _____ Spouse Name _____ Names of Children _____

Company Name _____

Company Address _____ City _____ Zip Code _____

Company Phone Number: _____ Company DOT Number: _____

Began driving professionally? _____ Began present employment? _____

Currently is Local or Road Driver? _____ Truck or Combination? _____

(NOTE: In evaluating record, miles and years as Local drivers are given additional credit due to greater exposure to accidents.)

Years driving for *present* company _____ Years driving for *previous* companies _____

Miles driven for *present* company _____ Miles driven for *previous* companies _____

1. SAFETY RECORD – 10 year time period

(a) Total miles driven as a *Local Driver*? _____ Total miles driven as a *Road Driver*? _____

(b) Number of *preventable* accidents with *present* employer _____ How many *Road*? _____ *Local*? _____

(c) Date of last *preventable* accident? _____

2. CARE AND OPERATION OF EQUIPMENT

Attach copy of driver's Comprehensive Safety Information record and current MVR (within previous 6 months).

(a) Total number of moving traffic violations last 24 months (other than parking)? _____

(b) Number of roadside inspections completed on this driver and his equipment within last 24 months? _____

(c) Total number of violations noted during the roadside inspections? _____

Number of violations of each type:

Unsafe Driving _____ Vehicle Maintenance _____ Driver Fitness _____ HM Compliance _____

Crashes _____ Fatigued Driving _____ Controlled Substance & Alcohol _____

(d) Total number of Out-of-Service violations noted during the roadside inspections? _____

Number of violations of each type:

Unsafe Driving _____ Vehicle Maintenance _____ Driver Fitness _____ HM Compliance _____

Crashes _____ Fatigued Driving _____ Controlled Substance & Alcohol _____

DRIVER'S STATEMENT: To the best of my knowledge the statements listed in the foregoing are true and correct.

Signed _____
(Driver's Signature)

SAFETY DIRECTOR: I certify that the information on this form is correct to the best of my knowledge.

Signed _____ Title _____

Printed Name _____ Date _____

RULES FOR "DRIVER OF THE MONTH" CONTEST

1. Company must be a member of the Missouri Trucking Association.
2. Driver must be a resident of Missouri or be based at a Missouri terminal.
3. If the driver is a resident of MO and based in another state, the driver must regularly travel between that terminal and Missouri terminal.
4. Driver of the Year winners are not eligible for Driver of the Year for three years. They may be resubmitted for Driver of the Month competition.
5. All accidents must be reported; not just those that meet the definition of "accident" in Title 49CFR 390.5.

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