

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 | | | |
| Date began professionally driving | | Date began presentemployer | | | |
| Currently local | or road driver? | Truck or combination? | | | |
| Years driving fo | or present company | Yea | ars driving for previous compan | ies | |
| 1. SAFETY RI | ECORD | | | | |
| (a) Total mi | les driven in career | | | | |
| Total mi (NOTE: I | iles driven as a <i>Local Dri</i> n In scoring, miles as local dri | vers are given additional credit of | otal miles driven as a <i>Road Drive</i> due to greater exposure to crashes.) | er | |
| (b) Number | r of <i>preventable</i> crashes w | vithin the past five years | | | |
| How ma | any of those were Local?_ | | Road? | | |
| Date of | last <i>preventable</i> crash | | | | |
| | OPERATION OF EQU of driver's Comprehen | JIPMENT sive Safety Information and | d current MVR | | |
| (a) Total nu | mber of moving traffic vi | olations within last 24 month | ns (other than parking) | | |
| (b) Number | r of roadside inspections c | ompleted on this driver and the | heir equipment within last 24 mo | onths | |
| (c) Total nu | umber of violations noted | during the roadside inspection | n(s) | | |
| Numbe | er of violations of each typ | pe: | | | |
| | Controlled Substances of Unsafe Driving | & Alcohol HOS Compliance Haz Mat Compliance | Vehicle Maintenance | | |
| (d) Total n | umber of violations deem | ed OOS from each BASIC in | 1.2(c) | | |

${\bf 3. \ SELF \ IMPROVEMENT \ and \ COMMUNITY \ INVOLVEMENT}$

If the space provided below is not sufficient, attach a sheet to the back of this application with all relevant information. Points given to each item listed. Be sure to include dates.

| (a) | Courses or Training Driver Completed to Im | nprove Skills: (Include safety, transportation, etc.) | | | |
|---|---|---|--|--|--|
| | ☐ Simulator Training | Date(s) | | | |
| | Skid Pad Training | Date(s) | | | |
| | ☐ Defensive Driving | Date(s) | | | |
| | First Aid | Date(s) | | | |
| | ☐ Other Training That Would Improve Skills or Safety (List) | | | | |
| | Date(s) | | | | |
| (b) | (b) Driver Efforts to Improve Trucking Industry/Driver Image: | | | | |
| | ATA Road Team Captain | | | | |
| | ☐ Media Interview to Promote Professional Drivers or Industry | | | | |
| | ☐ Presentations to Public on Highway Safety | | | | |
| | MoTA Truck Driving Championship Participant (List each year) | | | | |
| | Other (List) | | | | |
| (c) | Safety Awards Received: | | | | |
| | ☐ MoTA Driver of the Year | Year(s) | | | |
| | Company Driver of the Year | Year(s) | | | |
| | ☐ MoTA Driver of the Month | Month(s) & Year(s) | | | |
| | ☐ MoTA Chairman's Safe Driving Club | Year(s) | | | |
| | ☐ MoTA TDC Grand Champion | Year(s) | | | |
| | ☐ MoTA TDC Top 3 Finisher | Year(s) | | | |
| | ☐ Other Safety Awards: | Year(s) | | | |
| | List | | | | |
| (d) | What unique qualities distinguish this driver | as a candidate for driver of the month? | | | |
| ☐ Military Service ☐ Current Active Duty ☐ Reserve Duty | | | | | |
| | Civic Service/Community (List) | | | | |
| | Other Unique Qualities (List) | | | | |

| , , | 5 5 | | | | |
|--|-------|--|--|--|--|
| Signed_ | | | | | |
| (Driver Signature) | | | | | |
| | | | | | |
| SAFETY DIRECTOR: I certify the information on this form is correct to the best of my knowledge. | | | | | |
| Signed_ | Title | | | | |
| Printed Name | | | | | |
| 1 inica ivanic | Date | | | | |

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

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 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 the 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 crashes must be reported, not just those that meet the definition of "accident" in Title 49 CFR 390.5.
- 6. Nominations are accepted in the MoTA office every month. There is NO submittal deadline for this program.
- 7. All nominations are considered for 6 months. For example, if received in the MoTA office in February, the driver's application will be considered for selection, by the judges, for February, March, April, May, June or July DOM winner. Then, the application expires. A new nomination, for that same driver, can be made after a minimum 6-month waiting period. In this example, February or after of the following year.
- 8. Once a member company has made a nomination, it cannot be dropped for any reason, other than death of the driver. At the time of judge selection, if a DOM winner has moved to another company, the winning driver must still be notified of winning the award. It is at the company's discretion whether the driver's name is announced with the company name.

SUBMITTAL

Please submit completed forms to Angie Hoecker, Director of Safety and Member Services, at angie@motrucking.org. Thank you!