



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 _____
Date began professionally driving _____ Date began present employer _____
Currently local or road driver? _____ Truck or combination? _____
Years driving for *present* company _____ Years driving for *previous* companies _____

1. SAFETY RECORD

(a) Total miles driven in career _____
Total miles driven as a *Local Driver* _____ Total miles driven as a *Road Driver* _____
(NOTE: In scoring, miles as local drivers are given additional credit due to greater exposure to crashes.)
(b) Number of *preventable* crashes within the past five years _____
How many of those were *Local*? _____ *Road*? _____
Date of last *preventable* crash _____

2. CARE AND OPERATION OF EQUIPMENT

Attach copy of driver's Comprehensive Safety Information and current MVR

(a) Total number of moving traffic violations within last 24 months (other than parking) _____
(b) Number of roadside inspections completed on this driver and their equipment within last 24 months _____
(c) Total number of violations noted during the roadside inspection(s) _____
Number of violations of each type:
Controlled Substances & Alcohol _____
Unsafe Driving _____ HOS Compliance _____ Vehicle Maintenance _____
Driver Fitness _____ Haz Mat Compliance _____
(d) Total number of violations deemed OOS from each BASIC in 2(c) _____

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 Improve 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) 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) _____

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

Signed _____
(Driver Signature)

SAFETY DIRECTOR: I certify 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 crashes must be reported, not just those that meet the definition of "accident" in Title 49CFR 390.5.