



Driver of the Year Award Nomination



Driver's Name _____ Spouse _____

Home Address _____

Children (Names & Ages) _____

Military Service _____ Organizational Involvement _____

Employer _____ Jacket Size _____

Employer Address _____

Years of Commercial Driving _____ Career Miles Driven _____

City Drivers use
40 miles per hour

Chargeable Accident(s) _____

Certificates _____

Please attach a written description of why the applicant should be considered for Driver of the Year addressing the following areas and any other information you feel the committee should consider in its deliberations.

- The applicant's commitment to safety.
- The applicant's contributions to the trucking industry.
- The applicant's interaction with co-workers, customers and the general public.
- Any documented deeds or heroism and acts of courtesy on or off the highway.
- Significant contributions the applicant has been made to improve their place of work or the lives of those who work with them.

I certify that the information on this form is correct to the best of my knowledge and has been compared with company records.

Name _____

Title _____

Phone Number _____

**Award Applications MUST be RECEIVED by March 28, 2018 in the NDMCA office.
1937 East Capitol Ave, Bismarck, ND 58501 – info@ndmca.org**