1. The candidate for “MCM & RMRSR Safety Supervisor of the Year” must be actively involved in the loss prevention program and safety activities of a “for hire” or “private carrier” truck fleet. This will include safety directors, safety supervisors, and/or other persons responsible for this duty.

2. The candidate must reside in one of the five western states, which include Colorado, Idaho, Montana, Utah and Wyoming.

3. The candidate must be employed by the same employer for one year prior to the RMRSR meeting and be employed by that employer at the time of the meeting.

4. Employer for whom the candidate is employed must be a member of that state’s trucking association in which the carrier must be domiciled, or a member of the Safety Management, Maintenance & Technology Council.

5. Candidate will be selected on his/her accomplishments for the contest year only. The contest year will be from January 1 through December 31 of the year preceding the RMRSR meeting.

6. Each of the five states will be permitted to nominate one person for the award. The method of selecting the nominee will be left up to the individual state, usually the Safety Management, Maintenance and Technology Council. The chairman of the RMRSR each year will mail to each of the five state associations a nomination form and request that they submit a nominee. Nominations received after May 1 will not be considered.

7. Each of the five western states is entitled to one representative on the Selection Committee. The method of selecting the representative is left up to the individual states. It is suggested that the representative be a member of a regulatory agency familiar with the trucking industry.

8. After receiving the individual state nominees, the Chairman of the RMRSR will forward the nominations to the Chairman of the Selection Committee who will distribute them to the members of the Selection Committee in the manner he/she sees fit.
State Committee Certification and Agreement

In consideration of our Safety Supervisor being allowed to participate in this program, this state selection committee does certify and agree to the following:

1. All the statements contained in the material submitted in support of this safety supervisor’s nomination have been investigated and reviewed with a representative of his/her company and are in accordance with the rules set forth under the Safety Supervisor of the Year Program.

2. It is understood and agreed by this Safety Supervisor’s employer that he/she may travel to the Rocky Mountain Regional Safety Rendezvous to receive his/her award, provided he/she is selected as the Rocky Mountain Regional Safety Rendezvous Supervisor of the Year. It is further understood that expenses of the trip are to be a matter between the safety supervisor and his/her individual company.

3. It is agreed that should this supervisor receive the title RMRSR Safety Supervisor of the Year, his/her company will work to maintain the high status of his/her recognition and will not use the recognition in any manner that would lessen its high stature of future winners.

The Supervisor interview and investigation of the facts submitted herein have been made by:

__________________________________________
Signature of State Selection Committee

Reviewed by:

Motor Carriers Of Montana
State Trucking Association

Association President or Managing Director

Reviewed by:

Supervisor’s Company Name

__________________________________________
Signature of Company Executive Officer

Date
Candidate Entry Form

Name: ________________________________ Age: ______

Home Address: ________________________________

Marital Status: ___________ Spouse Name: ________________________________

Children (Names & Ages): ________________________________

Present Employer: ________________________________

Employer’s Address: ________________________________

Principal Officer: ________________________________

Employed in this capacity with present employer: ________ years ________ months

Specific Duties: ________________________________

Outstanding Activities for Contest Year: ________________________________

(Continued)
Candidate Information

Military Record:

Branch of Service:____________________________________________________

Dates:______________________________________________________________

Principal Duties:_____________________________________________________

Campaigns and Citations (submit copy of supporting documents if available):

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Memberships: Church, Lodges, Clubs (show offices held):__________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Other Activities and Hobbies:___________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________