NOMINATION FOR MOTOR CARRIERS OF MONTANA DRIVER OF THE MONTH

Please Submit the Following:

☐ Driver of the Month Certification Form
☐ Completed Driver of the Month Application Form
☐ Driver Photo
☐ Current MVR – *No more than 45 days old from the date of submission*

Return To:

Motor Carriers of Montana
501 N Sanders #201
Helena, MT 59601
Or Fax: 406.443.4281
Or Email: Karen@mttrucking.org

Driver Eligibility:

✓ Nominating company must be a member of MCM.
✓ Nominating company's primary business location must be in Montana.
✓ The nominated driver must reside and/or be occupationally domiciled in the State of Montana.
✓ Must be employed with the nominating company for no less than (12) months prior to nomination.
✓ Driver of the Month winners cannot be nominated within 12 months of winning the award.
✓ Driver of the Month must drive a CDL required vehicle.

Determination of Winners:

✓ An impartial panel of judges made up from the Safety Management, Maintenance, and Technology Council will consider nominations.
✓ Driver of the Year awards will be selected from the Driver of the Month winner each calendar year.

Driver of the Month Certification Form

Driver's Name: Click here to enter name.

Nominating Employer: Click here to enter employer.

Basis for Nomination:

It is the intent of the Motor Carriers of Montana and the Safety Management, Maintenance, and Technology Council to select a driver who will, by past and present record, exemplify the type of career driver whose high standards of conduct and ability are both an asset to themselves and a credit to the trucking industry in the State of Montana.

Driver Certification and Agreement:

In consideration of my being allowed to participate in this Motor Carriers of Montana Program and to be eligible for any awards and recognition offered in the Program, I hereby certify and agree to the following:

1. All of the statements contained in the material submitted in support of my nomination are true. I authorize the Motor Carriers of Montana, Inc., and its representatives, to make independent check of all information contained herein.
2. I authorize the Motor Carriers of Montana to make full use of the above described information about myself and the photograph supplied with this application, along with the photographs subsequently taken under MCM's direction, in publicity and advertising activities.
3. I will always conduct myself in such a way as to protect and maintain the high status of the honor bestowed upon me.

_____ **Signature of the Nominee**

_____ **Signature of Employer & Title**

Driver of the Month Application Form

Carrier Information

Carrier Name:

Address: Click here to address.

City: Click here to city.   *State:* Click here to state.   *Zip:* Click here to enter zip.

Carrier Phone Number: Click here to enter phone #.

Carrier DOT Number: Click here to enter carrier DOT #.

Driver Personal Information

Driver's Full Name: Click here to enter name.

Date of Birth: Click here to enter a date.

Address: Click here to enter address.

City: Click here to city.   *State:* Click here to state.   *Zip:* Click here to enter zip.

Home Phone Number: Click here to enter phone #.

Driver's E-Mail: Click here to enter email.

Driver's License Number: Click here to enter number.   *State of Issue:* Click here to enter state.

Driver History

Driving professionally since: Click here to enter a date.

Hire Date with Present Employer/Contract: Click here to enter a date.

Total Number of Years Driving a CMV (past and present carriers): Click here to enter number.
*Only actual verifiable driving time

Total Miles Driven:

        Total Lifetime City/Local Miles (< 100 Air Miles): Click here to enter miles.

        Total Lifetime Regional Miles (Between 100-300 Air Miles): Click here to enter miles.

        Total Long Haul Miles Driven (> 300 Air Miles): Click here to enter miles.

        Total Career Miles Driven): Click here to enter miles.

Type of Equipment Regularly Operated (*check all that apply*):

☐ Truck   ☐ Truck-Trailer   ☐ Tractor-Trailer   ☐ Other: Click here to enter text.

Driver Safety Information

List all traffic violations for the past three (3) years.

(*Include both CMV and personal vehicle violations*).

Violation #1

Date: Click here to enter a date.   *Location (State)*: Click here to enter text.

Type of Violation (if speeding, include rate of speed): Click here to enter text.

Violation #2

Date: Click here to enter a date.   *Location (State)*: Click here to enter text.

Type of Violation (if speeding, include rate of speed): Click here to enter text.

Violation #3

Date: Click here to enter a date.   *Location (State)*: Click here to enter text.

Type of Violation (if speeding, include rate of speed): Click here to enter text.

Violation #4

Date: Click here to enter a date.   *Location (State)*: Click here to enter text.

Type of Violation (if speeding, include rate of speed): Click here to enter text.

Violation #5

Date: Click here to enter a date.   *Location (State)*: Click here to enter text.

Type of Violation (if speeding, include rate of speed): Click here to enter text.

List all preventable and non-preventable accidents over the past three (3) years in which the driver was involved. (*Include both DOT and non-DOT recordable accidents*).

Accident #1

Date: Click here to enter a date.   *Location (State):* Click here to enter state.

Preventable? Choose an item.   *Injuries?* Choose an item.   *Deaths?* Choose an item.

Description: Click here to enter text.

Accident #2

Date: Click here to enter a date.   *Location (State):* Click here to enter state.

Preventable? Choose an item.   *Injuries?* Choose an item.   *Deaths?* Choose an item.

Description: Click here to enter text.

Accident #3

Date: Click here to enter a date.   *Location (State):* Click here to enter state.

Preventable? Choose an item.   *Injuries?* Choose an item.   *Deaths?* Choose an item.

Description: Click here to enter text.

Accident #4

Date: Click here to enter a date.   *Location (State):* Click here to enter state.

Preventable? Choose an item.   *Injuries?* Choose an item.   *Deaths?* Choose an item.

Description: Click here to enter text.

Accident #5

Date: Click here to enter a date.   *Location (State):* Click here to enter state.

Preventable? Choose an item.   *Injuries?* Choose an item.   *Deaths?* Choose an item.

Description: Click here to enter text.

Outstanding Acts

List any outstanding acts of heroism, volunteerism, courtesy, or recognition in the
COMMUNITY. (Include validating information letter, news article, etc.)

Click here to enter or copy/paste description. Limit to 250 words

List any outstanding acts of heroism, volunteerism, courtesy, or recognition *ON THE JOB*.
Drivers may also include all relevant and current training and certifications. (Include validating
information letter, news article, etc.)

 Click here to enter or copy/paste description. Limit to 250 words

List any outstanding acts of heroism, volunteerism, courtesy, or recognition *ON THE ROAD*.
(Include validating information letter, news article, etc.)

Click here to enter or copy/paste description. Limit to 250 words