

# Please Submit the Following:

**NOMINATION FOR MT TRUCKING ASSOCIATIONS MONTANA DRIVER OF THE MONTH**

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:

MT Trucking Association  
501 N Sanders #201

Helena, MT 59601

Or Email: [mwilliams@mttrucking.org](mailto:mwilliams@mttrucking.org)

# Driver Eligibility:

* Nominating company must be a member of MTA.
* 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, and have driven commercially for the company in the last 12 months.
* Driver of the Month winners cannot be nominated within the same calendar year 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 Committee 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:**

**Nominating Employer:**

# Basis for Nomination:

It is the intent of the Montana Trucking Association and the Safety Committee 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 Montana Trucking Association Program and to be eligible for any awards and recognition offered in the Program, I hereby certify and agree to the following:

* 1. All the statements contained in the material submitted in support of my nomination are true. I authorize the Montana Trucking Association, Inc., and its representatives, to make independent check of all information contained herein.
  2. I authorize the Montana Trucking Association 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 MTA’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.

**By submitting this form, the Company and Nominee agree to the above statements.**

**Driver of the Month Application Form**

**Carrier Information**

*Carrier Name:*

*Address:*

*City:*       *State:*       *Zip:*

*Carrier Phone Number:*

*Carrier DOT Number:*

# Driver Personal Information

*Driver’s Full Name:*

*Date of Birth:*

*Address:*

*City:*       *State:*       *Zip:*

*Home Phone Number:*

*Driver’s E-Mail:*

*Driver’s License Number:*       *State of Issue:*

# Driver History

*Driving professionally since*:

*Hire Date with Present Employer/Contract*:

*Total Number of Years Driving a CMV (past and present carriers)*:

\*Only actual verifiable driving time

*Total Miles Driven*:

*Total Lifetime City/Local Miles (< 100 Air Miles)*:

*Total Lifetime Regional Miles (Between 100-300 Air Miles)*:

*Total Long-Haul Miles Driven (> 300 Air Miles)*:

*Total Career Miles Driven)*:

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

Truck  Truck-Trailer  Tractor-Trailer  Other:

# Driver Safety Information

List all traffic violations for the past three (3) years. (*Include both CMV and personal vehicle violations*). **Violation #1**

*Date*:       *Location (State)*:

*Type of Violation (if speeding, include rate of speed)*:

# Violation #2

*Date*:       *Location (State)*:

*Type of Violation (if speeding, include rate of speed)*:

# Violation #3

*Date*:       *Location (State)*:

*Type of Violation (if speeding, include rate of speed)*:

# Violation #4

*Date*:       *Location (State)*:

*Type of Violation (if speeding, include rate of speed)*:

# Violation #5

*Date*:       *Location (State)*:

*Type of Violation (if speeding, include rate of speed)*:

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*). Accidents with wild animals not included.

# Accident #1

*Date*:       *Location (State):*

*Preventable?*       *Injuries?*       *Deaths?*       *Description*:

# Accident #2

*Date*:       *Location (State):*

*Preventable?*       *Injuries?*       *Deaths?*       *Description*:

# Accident #3

*Date*:       *Location (State):*

*Preventable?*       *Injuries?*       *Deaths?*       *Description*:

# Accident #4

*Date*:       *Location (State):*

*Preventable?*       *Injuries?*       *Deaths?*       *Description*:

# Accident #5

*Date*:       *Location (State):*

*Preventable?*       *Injuries?*       *Deaths?*

*Description*:

# Outstanding Acts

List any outstanding acts of heroism, volunteerism, courtesy, or recognition in the

*COMMUNITY*. (Include validating information letter, news article, etc.)

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.)

Limit to 250 words

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

Limit to 250 words