



TRUCKING
Moves America Forward

Feel the Pride!

Driver of the Month/Year Nomination

Nominate a driver from your company to be the next MTA "Driver of the Month". A driver nominated "Driver of the Month" is also eligible to be selected for the prestigious MTA Driver of the Year award.

Application Rules {PLEASE READ}

1. All sections of the nomination form must be completed.
2. A driver should be nominated for a record of safe and courteous driving. Please share any MTA or ATA truck driving championship competition and heroic or exceptional acts while on the job.
3. The driver must be a fulltime professional truck driver for the past 12 months and have at least one year of experience with the MTA member company submitting the nomination form.
4. All drivers must be accident-free for the past 12 months. If a driver has an accident during the year that they have been nominated as a Driver of the Month, the Safety Director must notify the MTA.
5. A copy of the current MVR must be submitted with the application.
6. Nominating company must be an MTA Member in good standing.
 - a. If the company's headquarters are in Minnesota, any driver is eligible.
 - b. If the company's headquarters are outside of Minnesota, the driver must reside in Minnesota or report to the company's terminal operation in Minnesota to be eligible.



Jerry Stephens
Autumn Transport, Inc.
2021 Driver of the Year

Terms and Conditions {PLEASE READ}

A company can nominate as many drivers for MTA Driver of the Month as it would like; however, no more than two drivers will be selected from one company per year.

A previously selected MTA Driver of the Month is not eligible for submission to the program for one year, and an MTA Driver of the Year must wait four years until he/she is eligible for submission as an MTA Driver of the Month.

*If your driver is selected as Driver of the Month, their presence is **required** at the Driver of the Year Banquet that takes place in January 2023. (Date TBD) We also ask that your driver is available for media interviews the day after should they be selected the Driver of the Year.*

The MTA acknowledges each "Driver of the Month" achievement by including the driver's picture in Trucking Minnesota. Please submit two photos of your driver in front of your company truck with the logo or company name showing.

**Minnesota Trucking Association (MTA) Safety Council
Driver of the Month/Year Nomination Form**

DRIVER INFORMATION

1. Driver Full Name _____ 2. Driver Birth Date _____
3. Home Address _____
4. City _____ State _____ Zip _____
5. Phone _____ 6. Driver's E-mail _____
7. Driver's License Number _____ 8. State of Issue _____

CARRIER INFORMATION

1. Carrier Name _____
2. Carrier DOT Number _____
3. Carrier Local Address _____ City _____ State _____ Zip _____
4. Safety Director Name _____ 5. Safety Director Phone _____
6. Safety Director E-mail _____

DRIVER BACKGROUND

1. Date Began Driving Professionally ____/____/____ 2. Date Began Present Employment\Contract ____/____/____
3. Total Number of Years Driving a CMV (Current and Past Employers)* _____
***Do not count gaps between employers or time spent in a job that was non-driving – Only actual verifiable driving time.**
4. Total Miles Driven (OTR) or Hours Driven (City Driver) in Previous Calendar Year _____
5. Total Miles Driven (OTR) or Hours Driven (City Driver) at **Current Carrier** _____
6. Career Miles Driven (OTR) or Hours Driven (City Driver) ** _____
****NOTE: The National Safety Council formula of 25,000 city hours = 1 million road miles will be used for mileage evaluations. A City/Local Driver traditionally stays within a 100-mile radius. Use combination of both if needed.**
7. Class of Vehicle: Sleeper 3-Axle 4-Axle 5-Axle Twins Straight Truck
8. Type of Equipment: Reefer Van Grain End/Belly Dump Tanker Flat Other
9. Type of Driver: Local Team Regional Haul Long Haul

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DRIVER SAFETY HISTORY (To be completed by the Safety Director)

1. List all preventable and non-preventable (DOT and non-DOT recordable) accidents at past and current carriers (Use extra paper if needed).

Check the box if there are **NO** accidents to report.

| Date | Preventable? | Injuries/Deaths? | State | Description |
|------|--|--|-------|-------------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please Note: Additional information may be required regarding any accidents.

2. List all traffic violations for the last five years, and all serious violations for the last ten-years (both CMV & personal vehicle). List any alcohol/drug related violations that have **ever** (CMV & personal) been received (use extra paper if needed).

Check the box if there are **NO** traffic violations to report.

| Date | State | Violation (if speeding, show rate of speed) |
|------|-------|---|
| | | |
| | | |

3. List all DOT inspection violations for the last three years – both driver and equipment violations (use extra paper if needed).

Check the box if there are **NO** inspection violations to report.

| Date | State | Violation (Was the violation an Out-of-Service violation?) | Citation |
|------|-------|--|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

****** Please attach separate documents if necessary for items 4 through 8. ******

4. List all safety awards received (including Driver of Month/Year and Truck Driving Championships placement).

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5. List classes/seminars for driver or vehicle safety that has been attended within the past five years (not including routine weekly/monthly company safety meetings).

6. List any reported acts of courtesy or heroism on/off highway (attach validation letter).

7. **Please be as specific as possible.** Explain why this driver would make a good Minnesota Driver of the Month/Year.

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8. Please list any current and past industry related events that the driver has volunteered for. (I.E. Special Olympics Truck Convoy, judge for MTA Truck Driving Championships, MTA Trucks & Toys, etc.

NOTE: A current MVR (within 30 days of submission) must be included with the nomination form.

SAFETY DEPARTMENT CERTIFICATION

I hereby certify that the foregoing information and any attachments hereto to be true and correct to the best of my knowledge and belief and in accordance with my investigation.

Safety Director Signature _____ Date _____

DRIVER CERTIFICATION AND AGREEMENT

In consideration of being allowed to participate in the MTA Safety Council Driver of the Month and Driver of the Year Program, I hereby certify and agree to the following: **To the best of my knowledge, the statements listed in the foregoing are true and correct; I will always conduct myself in such a way as to protect and maintain the high status of the title; I agree that the title may not be used unless sanctioned in writing by the Minnesota Trucking Association; I agree to attend the Driver of the Year Banquet in January 2023 and consent to my photograph and video footage being used for publicity purposes.**

Driver's Signature _____ Date _____