



Driver of the Month/Year Program

"Freight is hauled by trucks, but it is the spirit of the driver that gets it done."

*Nominate a driver from your company to be the next PMTA "Driver of the Month".
A driver nominated "Driver of the Month" is then eligible to be selected for the esteemed
PMTA "Driver of the Year" award.*

Driver Eligibility

Employer must be a member of the Pennsylvania Motor Truck Association (PMTA) in good standing.

The nominated driver must reside and/or be occupational domiciled in the Commonwealth of Pennsylvania.

Drivers can be nominated in subsequent years by filing a new entry provided they continue to be eligible, however, any driver selected as Driver of the Month cannot be nominated the following year but may be nominated thereafter.

Nomination

Driver of the Month nominations must be submitted on the form provided by the Safety Management Council (SMC).

Nominations may be made by any party but must be approved by the employer or a representative of the employer.

An employer may submit as many Drivers of the Month nominations as they wish.

Hard copies can be mailed, or an email format can be sent to acloud@pmta.org

Nominations for the Driver of the Month may be mailed to: [PMTA/SMC at 910 Linda Lane, Camp Hill, PA](#), at any time.

The Driver of the Year Program runs annually from January to December.

Driver of the Year will be selected from the twelve Drivers of the Month. The State Driver of the Year will be nominated for the National Driver of the Year in the American Trucking Associations program.

Documentation: In addition to the official entry form you must attach a current (within 30 days) copy of the driver's 5 year MVR.

If your driver is selected by the SMC committee you will be asked to submit a letter stating the basis for the nomination outlining the driver's accomplishments, letters received by your company on behalf of the driver, a note or a letter from the driver or a member of his/her family, and any other information in support of the driver's nomination. A photo of the driver will also be required at this time.

Judging: Final judging and selection are done by the Driver of the Month/Year Selection Committee. Since the committee is not able to interview the nominee, the documentation and supporting letters and information carry weight in making their decision.



Driver of the Month/Year Nomination Form

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PLEASE PRINT CLEARLY OR TYPE

Driver Information

1. Driver Full Name _____ Date of Birth _____

2. Driver's License Number _____ State of Issue _____

Carrier Information

1. Carrier Name _____

2. Carrier Phone Number _____ Carrier DOT Number _____

Driver Information

1. Date began with present employer/contract / / _____

2. Total miles driven OTR _____ City _____ with **current carrier**.

3. Class of vehicle driven: (Check all that apply over the driver's career)

- | | | | |
|---|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Step-Van | <input type="checkbox"/> 3 Axle Van | <input type="checkbox"/> 5 Axle Van | <input type="checkbox"/> Tanker |
| <input type="checkbox"/> Straight Truck | <input type="checkbox"/> 4 Axle Van | <input type="checkbox"/> Flatbed | <input type="checkbox"/> Twins |

4. Type of driver: (Check all that apply over the driver's career)

- City/Local Regional Over-the-Road Team Regional Team Over-the-Road

Driver Safety Information

- 1. Has the driver been involved in any preventable or non- preventable (DOT and non-DOT recordable) accidents within the last 5 years?
Yes No

- 2. Has the driver received any traffic violations for the last 5 years, CMV or personal vehicle?
Yes No

- 3. Has the driver had any drug/alcohol related offenses?
Yes No

- 4. Has the driver been placed "Out of Service" during a roadside inspection in the last 3 years?
Yes No

Use a separate sheet of paper to explain any Yes answers.

1. Company Representative Certification

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

Signature _____ Title _____ Date ____ / ____ / ____

Phone Number _____ E-Mail Address _____

Driver Certification and Agreement

In consideration of participating in the PMTA/SMC Driver of the Month/Year Program, I certify and agree to the following:
To the best of my knowledge, the information in the foregoing is true and correct. I will always conduct myself in a manner that promotes the safety and image of the industry and PMTA/SMC.

Signature _____ Date ____ / ____ / ____