



TRUCKING ▶
Moves America Forward

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Minnesota Trucking Association

Driver of the Month/Year Application

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

1. All sections of the application 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.



John "Jack" Pate, Jr.
Daggett Truck Line, Inc.
2017 Driver of the Year

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.

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.

Mail or fax all nomination materials to:

Minnesota Trucking Association
6160 Summit Dr. N #330 ♦ Brooklyn Center, MN 55430
Phone: (651) 646-7351 ♦ Fax: (651) 641-8995

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

DRIVER INFORMATION

1. Driver Full Name _____ 2. Driver Birth Date _____
3. Address _____

4. City _____ State _____ Zip _____
5. Home 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 _____

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

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

DRIVER SAFETY HISTORY (to be completed by 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).

Date	Preventable?	Injuries/Deaths?	Location (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).

Date	Location (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).

Date	Location (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

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

6. 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).
