

**NOMINATION  
UTAH DRIVER OF THE MONTH/ YEAR**

Date \_\_\_\_\_

Drivers Name \_\_\_\_\_

Employer \_\_\_\_\_

**Basis for Nomination:** It is the intent of the Utah Trucking Association and the Utah Safety Management Council to select a Driver who will, by past and future 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 Motor Transport Industry in the State of Utah. **Outstanding deeds of heroism will be given due consideration.** The major terms to be considered in selecting the driver to be so honored will be:

1. Past safety record.
2. Loyalty and exceptional attitude toward employer and fellow employees.
3. Personal appearance.
4. Respect for and care of employer=s property and equipment.
5. Letters of commendation from the general public or from law enforcement agencies.
6. Good citizenship.
7. Community service.

**DRIVER CERTIFICATION AND AGREEMENT**

In consideration of being allowed to participate in the Utah Trucking Association=s Driver of the Month/ Year Program and to be eligible for the award as the winner, I hereby certify and agree to the following:

1. All of the statements contained in the material in support of my nomination for the Utah Trucking Driver of the Month/ Year are true and correct.
2. I will always conduct myself in such a way as to protect and maintain the high status of the title ADriver of the Month/ Year@ and I agree that the title may not be used in any advertising promotion or exhibition except those sanctioned in writing by the Utah Trucking Association, Inc.

\_\_\_\_\_  
(Signature of Nominee)

**CERTIFICATION BY EMPLOYER**  
(Must include **current** DMV record and Photo)

Please give a short narrative of the nominee=s qualifications and any recommendations that would assist in the consideration of this nominee. (Attach separate narrative report if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature / Title)

**DRIVER INFORMATION SHEET**  
(Information sheet must be complete for eligibility)

Driver=s Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_, Utah.

Married \_\_\_\_\_ Spouse=s first name \_\_\_\_\_ Children (name & ages) \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Main Address \_\_\_\_\_

Nominee=s Home Terminal Address \_\_\_\_\_

**Years of Commercial Driving:**

Present Employer \_\_\_\_\_ Previous Employers \_\_\_\_\_

**Total Miles in Commercial Driving:**

Present Employer \_\_\_\_\_ Previous Employers \_\_\_\_\_

**No-Accident Record:**

Years \_\_\_\_\_ Miles \_\_\_\_\_

Date of Last Accident \_\_\_\_\_ Chargeable: Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Date and Description of Worst Accident \_\_\_\_\_

**Usual Run** (If local, so state) \_\_\_\_\_

**Type of Equipment regularly operated:**

Truck \_\_\_\_\_ Truck-Trailer \_\_\_\_\_ Tractor-Trailer \_\_\_\_\_ Other \_\_\_\_\_

**Special Comments on any Item** (Attach additional sheets if necessary) \_\_\_\_\_  
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