



GEORGIA DRIVER OF THE YEAR

DEADLINE MARCH 29

NOMINATE ONE OF YOUR DRIVERS FOR THIS AWARD AND IT IS ONE OF THE MOST PRESTIGIOUS AWARDS A DRIVER CAN WIN. IT IS AN EXCELLENT WAY TO RECOGNIZE A TOP PERFORMER AND TO PROMOTE GOODWILL AMONG YOUR DRIVERS AND THEIR CO-WORKERS. BASIS FOR NOMINATION INCLUDES THE DRIVER'S SAFETY RECORD, YEARS OF EXPERIENCE, DOCUMENTED ACTS OF COURTESY OR HEROISM, CONTRIBUTIONS TO HIGHWAY SAFETY, LETTERS OF COMMENDATION, AND ANY OTHER INFORMATION RELATING TO HIS/HER PROFESSIONALISM. ANY DRIVER IS ELIGIBLE THAT RESIDES IN AND/OR IS DOMICILED IN GEORGIA, AND WHOSE EMPLOYER IS A MOTOR CARRIER MEMBER OF THE GEORGIA MOTOR TRUCKING ASSOCIATION. NOMINATIONS ARE LIMITED TO ONE DRIVER PER COMPANY.

GEORGIA DRIVER OF-THE-YEAR

DRIVER'S NAME: _____
First Middle Last

Attention Safety Director: Please fill out this nomination form and all the driver information requested. You may use additional pages if necessary.

BASIS FOR NOMINATION: A driver may be nominated for an outstanding deed of heroism or highway courtesy, for an outstanding contribution to highway safety, or for a long record of safe and courteous driving. It is preferable that the driving record be used in conjunction with one of the other acts mentioned. Be sure to give all pertinent information.

NOMINATION AGREEMENT

In consideration for being allowed to participate in the *Driver of-the-Year* program, and to be eligible for the awards offered to the winner, I agree to that all statements contained in this material in support of my nomination for the *Driver of-the-Year* are true. That to the best of your knowledge the nominee will always conduct myself in such a way as to protect and maintain the high status of the title "*Driver of-the-Year*" and will agree that the title may not be used in any advertising promotion or exhibition except those sanctioned in writing by the Georgia Motor Trucking Association.

Witness: _____
(Company Official)

Please include the full motor vehicle record obtained from the Georgia Department of Driver Services.
This must be attached to all nominations and dated during the current contest year.

Mail to: GMTA Driver of-the-Year 2060 Franklin Way, Suite 200 Marietta, GA 30067
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DRIVER INFORMATION SHEET – GEORGIA DRIVER-OF-THE-YEAR

(PLEASE TYPE OR PRINT INFORMATION)

DEADLINE: March 29

FULL NAME:

(First) (Middle) (Last)

HOME ADDRESS:

MARRIED: ☐ NO ☐ YES SPOUSE'S NAME: _____

CHILDREN (Names & Ages) _____

EMPLOYER: _____ # YEARS _____

SUPERVISOR'S NAME: _____ PHONE: () _____

Home Terminal Address: _____

YEARS OF COMMERCIAL DRIVING: *Present* Employer _____ *Previous* Employer _____

OR

TOTAL MILEAGE OF COMMERCIAL DRIVING:

Present Employer _____ *Previous* Employer(s): _____

SAFE DRIVING RECORD: TOTAL MILES _____ **OR** YEARS _____

TOTAL ACCIDENTS (if any): *Present* Employer _____ *Previous* Employer(s) _____

DATE OF LAST PREVENTABLE ACCIDENT (*Present* Employer): _____

DATE OF LAST NON-PREVENTABLE ACCIDENT (*Present* Employer): _____

MOVING VIOLATIONS (List All): _____

TYPE OF EQUIPMENT REGULARLY OPERATED:

☐ Straight Truck ☐ Tractor/Trailer ☐ Other - Describe: _____

USUAL RUN: ☐ Local ☐ Peddle ☐ Line-Haul

LETTERS of commendation, acts of heroism, etc: (Unsolicited, supported by copies of letters)

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PERSONAL SAFETY RECORD: _____

PUBLIC & CUSTOMER RELATIONS: _____

EMPLOYER/EMPLOYEE RELATIONS: _____

ACCEPTANCE OF RESPONSIBILITY: _____

CARE OF EQUIPMENT: _____

CONTROL OF O.S. & D. & FREIGHT HANDLING: _____

WORK ETHIC: (Attitude, attendance, etc.) _____

Thank you for furnishing this information. To complete the application process, please enclose the following:

- A current copy of your motor vehicle and driving record from Georgia DDS.



GEORGIA DRIVER-OF-THE-YEAR
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