



2009 New York State Motor Truck Association Driver of the Year Award

ARE THERE ANY GOOD DRIVERS IN YOUR FLEET?

Of course there are! Too often we take our good drivers for granted. This is your chance to reward those drivers by entering them in the New York State Motor Truck Association 2009 Driver of the Year program.

Most companies have drivers with long, safe driving records, acts of courtesy or safety on the highway and maybe someone who did a heroic deed.

Any one of these drivers is eligible for the title of New York State DRIVER OF THE YEAR!

Professional development is a selection consideration, as well as civic involvement and outstanding service to the company and customers.

**If your driver wins the state award, he/she will be nominated for the
ATA National Driver of the Year award!**

Filling out the nomination form is simple and pays excellent dividends. Press releases will be issued to the media in both company's and driver's cities. This is the type of publicity our industry needs and benefits any fleet. Submit your nomination today!

Completed nomination forms should be sent by **February 19, 2010** to:

New York State Motor Truck Association
828 Washington Avenue
Albany, NY 12203
Ph: (518) 458-9696
Fax: (518) 458-2525

If you have questions about the Driver of the Year Program please contact:

Karin Kennett at (518) 458-9696, or
kkennett@nytrucks.org

- *Two drivers from each region will be selected as Regional Drivers of the Year.*
- *One driver will be selected as the State Driver of the Year. The State Driver of the year will be recognized at the Annual Conference of the New York State Motor Truck Association and will become eligible for the ATA National Driver of the Year.*

An awards presentation for Driver of the Year Winners will be held on:

**March 30, 2010
At the NYS Truck Safety & Education Symposium
The Albany Marriott
Albany, NY**

Nomination Form on reverse

2009 NYSMTA DRIVER OF THE YEAR AWARD Nomination Form

Submission deadline: February 19, 2010

PERSONAL INFORMATION

Driver's Name: _____ Work Phone: _____

Home Address: _____
Street City State Zip

Company Name: _____ Terminal Location: _____

Address: _____
Street City State Zip

SAFETY INFORMATION

Driving Experience:
 Total number of years CMV driving: _____ Total number of years with present employer: _____

Type of Driving: _____ Local/Peddle _____ Over-the Road _____ Other: _____

Equipment Operated: _____ Straight Truck _____ Tractor/Trailer _____ Other: _____

Total Miles/Hours Accumulated: _____ Present Employer
 _____ All Past Employers
 _____ Total

Accident History:

Accident Type:	Number:	Date of last:
DOT Reportable Accidents:		
Preventable:		
Non-Preventable:		
Company Accidents/Incidents:		
Preventable:		
Non-Preventable:		
On-the-job Lost Time Injuries:		

SUPPORTING INFORMATION

Industry Awards (Company awards, Truck Driving Championships, etc. Use a separate sheet if necessary.):

Community Involvement (Use a separate sheet if necessary.):

PLEASE NOTE: To be considered, nomination forms must be submitted with a written description of all accidents and injuries reported and a current Motor Vehicle Record.

All of the information submitted is accurate and true to the best of my knowledge.

 Name of Company Official (please print or type)

 Signature of Driver

 Signature of Company Official

 Company Telephone Number

 Title