**Virginia Trucking Association**

**4821 Bethlehem Road, Suite 101**

**Richmond, VA 23230**

**Phone: (804) 355-5371 ♦ Fax: (804) 358-1374**

**E-mail: rbolton@vatrucking.org**

**www.vatrucking.org**

***VIRGINIA TRUCKING ASSOCIATION***

***SAFETY PROFESSIONAL AWARD PROGRAM***

***Nominating Form***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of Individual Being Nominated)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Company)**

**The above named individual is hereby nominated for the VTA Safety Professional Award as a**

**person responsible for directing or supervising safety activities of a truck fleet. He/she is of high**

**moral character and has devoted his career to the field of highway and industrial safety.**

**All of the statements contained in support of this nomination are true. Complete and full authority and freedom is hereby granted to the Safety Professional Award Committee of the VTA Safety & HR Council to investigate the records of the nominee and of the fleet in which he/she is employed to determine for itself his/her qualifications, progress and the success of his/her work. The results of such investigation shall be held in confidence.**

**It is agreed that the nominee, if selected for the Award, will be in attendance at the VTA**

**Safety & HR Conference to receive the Award.**

**Signed:**

**(Person Making Nomination)**

**(Nominee)**

**(Company Executive)**

**(Title)**

**This nomination should be supported by information regarding the individual's record of experience, record of informal in-service training, record of safety teaching, personal recognition and activities with safety organizations. Fleet information pertaining to description of the fleet, job analysis, safety program, industrial safety work and safety improvement record should also be included, as well as any additional information deemed necessary.**

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**SAFETY PROFESSIONAL OF THE YEAR AWARD**

**ELIGIBILITY**

**Eligibility is extended to Safety Professionals whose employers are members in good standing of the Virginia Trucking Association (VTA). The employers of such nominees must also have a Satisfactory DOT Safety Rating. Nominations may be submitted by any individual employed by a VTA member company. Nominees must agree to full disclosure of their qualifications to the judging committee. All information will remain confidential.**

**Unsuccessful candidates may update and resubmit their nomination in successive years. Award winners are ineligible for this award for a five year period.**

**JUDGING**

**Judging will be based upon the nominee’s activities and contributions to safety both within his/her company and in the trucking industry. The nominee’s leadership and level of activity within the VTA Safety & HR Council, the company’s fleet and industrial safety record and involvement in other programs that promote truck safety and accident prevention will be the basis of the selection of the award winner.**

**ENTRIES**

**Only complete information will be considered. A “complete” nomination consists of:**

**1) Nominating Form**

**2) Nominee Information Sheet**

**3) Nominee’s Experience and Record**

**Complete nomination packages must be received by the VTA no later than February 9, 2018.**

**NOMINEE’S EXPERIENCE AND RECORD**

**Please complete the attached sheets. You may add additional sheets where necessary, but in no case should there be a total of more than five (5) sheets in this section. You may also attach one (1) 8 ½ x 11 sheet, on company letterhead, for any additional information you wish the judging committee to consider.**

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***SAFETY PROFESSIONAL AWARD PROGRAM***

**NOMINATING FORM**

**Name Title**

**Company**

**Business Address**

**Home Address**

**Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children (Names and Ages)**

**Trucking Industry Positions Held**

**Recognition and Awards Received**

**Previous Employment (In Reverse Order)**

**1. (Company) (Address) (Dates)**

**2. (Company) (Address) (Dates)**

**Military Record: Branch of Service Dates:**

**Principal Duties**

**List Campaigns and Citations**

**Memberships: Church, Lodges and Clubs (Offices held, if any)**

**List any special accommodations or activities (use additional sheet if necessary)**

**1. Total number of miles operated in entire fleet: 2017 2016\_\_\_\_\_\_\_\_\_\_**

**2. Total number of DOT reportable accidents: 2017 2016\_\_\_\_\_\_\_\_\_\_**

**3. Number of preventable accidents: 2017 2016\_\_\_\_\_\_\_\_\_\_**

**4. Number of non-preventable accidents: 2017 2016\_\_\_\_\_\_\_\_\_\_**

**5. Accident frequency. Total reportable accidents**

**times one million miles divided by total miles**

**operated. 2017 2016\_\_\_\_\_\_\_\_**