**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**

***NOMINATION FOR***

***VIRGINIA DRIVER OF THE YEAR***

**Company**

**Driver's Name**

**BASIS FOR NOMINATION: A driver may be nominated for an outstanding deed of heroism or highway courtesy, for an outstanding contribution to highway safety, and/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 regarding this nomination. Be sure the driver information form is filled out completely and use another page for information if necessary.**

**DRIVER CERTIFICATION AND AGREEMENT**

**In consideration of my being allowed to participate in the American Trucking Association's Driver of the Year Program and to be eligible for the awards offered to the winner or winners, I hereby certify and agree to the following:**

**1. All of the statements contained in the material in support of my Nomination for the Driver of the Year are true.**

**2. I will always conduct myself in such a way as to protect and maintain the high status of the title "Driver of the Year" and I agree that the Title may not be used in any advertising, promotion or exhibiting except those sanctioned in writing by the Virginia Trucking Association.**

**Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Official) (Nominee's Signature)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: Outstanding acts or contributions must have taken place in the past 12 months. Include a clear head and shoulder glossy photo of the driver, size 5" x 7" or 8" x 10" with the nomination. Also include a family photo of the same dimensions for publicity.**

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***DRIVER INFORMATION SHEET - DRIVER OF THE YEAR***

**Name Age**

**Home Address**

**Spouse's Name Children: (Names and Ages)**

**Military Record: Length of Service When**

**Branch (Circle one): Army Navy Air Force Marines Coast Guard**

**Principal Duties**

**Campaigns**

**Citations**

**Memberships: Lodges and Clubs**

**Employer**

**Main Address**

**Your Home Terminal Address**

**Years of Commercial Driving and Mileage:**

**Present Employer Years + Previous Employer(s) Years = Total Years**

**Present Employer Miles + Previous Employer(s) Miles = Total Miles**

**ACCIDENT RECORD AS A COMMERCIAL DRIVER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Number of Non-chargeable Accidents** | | **Number of Chargeable Accidents** | |
|  | **Traffic** | **Non-traffic** | **Traffic** | **Non-traffic** |
| **Present Employer** |  |  |  |  |
| **Previous Employer(s)** |  |  |  |  |

**Date of last Chargeable Accident Date of last Non-chargeable**

**Date of last Traffic Violation or Citation Offense Description**

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

**Type of Equipment Regularly Operated: Truck Tractor Trailer \_**

**Previous State/National Truck Driving Championships participation**

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | **STATE/NATIONAL** | **CLASS** | **POSITION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have you ever been a member of America's Road Team: Yes (Year \_\_ ) \_\_\_\_\_\_No**

**Are you interested: Yes No**