

# DRIVER OF THE MONTH NOMINATION FORM



## DRIVER'S INFORMATION

Driver's Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

*(If with present employer less than 2 years)*

Total years of commercial driving experience: Present employer \_\_\_\_\_ years

Previous employer \_\_\_\_\_ years Please provide contact number *(will be verified)*: \_\_\_\_\_

Total years since last incident: \_\_\_\_\_

*(incidents include personal injury, product spills or product and equipment damage due to improper handling, collision, etc.)*

Total years preventable collision free: \_\_\_\_\_ years

Explanation of last preventable incident/collision: \_\_\_\_\_

Type of equipment operated and/or hauled regularly *(Check all that apply)*:

Body Truck     Body Truck and Pup     Tractor Trailer Unit     A or C Trains

B-Train     Super B Train     Extended Length Unit     Triples

Picker or Boom Truck     Winch Truck     Bus     Garbage Collection/Disposal

List any specialized equipment being operated if other than above: \_\_\_\_\_

Describe in detail your daily routine? \_\_\_\_\_

Nominee normally operates in or hauls to:

Locally *(city)*  Regionally *(160 km Radius of home terminal/city)*  Provincially   
Western Provinces  Canada Wide  US and Canada  Mexico

Which one of these driving operations do you currently and regularly operate in?

Single driver  Team driver  Both *(Single & Team)*

Owner Operator  Driver for Owner Operator

### **\*\* Driver's Quote\*\* (Must be submitted)**

If you have one safe driving tip and/or recommendation to share with all drivers and/or road users to make our roads safer, what would it be?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVER'S COMPANY RECORD AND ADDITIONAL QUALIFICATIONS**

Whenever possible, provide comments as well as attach documented items to support the following:

Letter(s) of commendation (unsolicited – supported by copies of letters), act of heroism, new items, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety (personal injury) Record (*LTA, WCB Claims*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General and Safety Attitude (follows all procedures, uses safety equipment, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Care of Equipment (including housekeeping and reporting of mechanical defects):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safe Product Handling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Habits (attendance, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Compulsory Criteria**

The Candidate must:

- Be a resident of Alberta and hold a Class 1, 2 or 3 Driver's License.
- Be employed for at least 12 months as a **FULL-TIME DRIVER** with their current employer.
- Show a minimum of 2 years of non-preventable incidents/collisions with no traffic violations on their record (an original "**COMMERCIAL DRIVER ABSTRACT**" must accompany the nomination package. The abstract must be current and within thirty days of the date of the application).
- Show compliance with the driver's portion of NSC for at least two years (no incidents or warnings on the driver's record due to non-compliance), of which the carrier's representative must verify.
- Attend company safety meetings.
- Show professionalism in daily operations (be helpful towards other drivers, management, customers, public, etc).
- Adhere to all company policies and procedures.

The Company must:

- Be a Member of AMTA in good standing (i.e. WCB Account member in 1 or more of the following industry codes; # 50714, 50701 and/or #57901, an Associate Member company, and/or a Paid Member company (including RAP members), outside of the WCB Accounts group.
- To assist in the committee's selection process, provide any additional supporting information and/or documentation to assist in validating and enhancing the nominee's package for consideration (i.e. newspaper clippings, letters of commendation, etc).
- If any information (i.e. any awards information, commendations, positive letters or emails, etc.) in regards to the driver's nomination package should change throughout the calendar year that would enhance the driver's nomination for the Driver of the Month or Year Award, this should be forwarded to the AMTA Selection Committee contact immediately for consideration and addition to their original nomination package.

## **General Information**

- 1) If your driver is selected for the Driver of the Month, AMTA will contact you the month the selection is made and arrangements will be made to make the presentation at the next month's Regional Meeting nearest to the driver's/submitting company's office location.

**General Information (Cont'd)**

- 3) When a candidate is chosen, the company will be contacted to ensure that the candidate's driving and compliance record and abstract of the nominee have not changed since the application was originally submitted.
- 4) A committee chosen from AMTA members will be solely responsible to choose the successful candidates. The driver selection committee's decisions are final.
- 5) Candidates successful in receiving the **Driver of the Month Award**, will then automatically become eligible for the Alberta Provincial Driver of the Year Award, which will be awarded at the annual AMTA Leadership Conference and Annual General Meeting.
- 6) If the candidate is successful in being awarded both the **AMTA Driver of the Month and Year Awards**, they will then automatically be entered and become eligible for the **CTA Driver of the Year Award**.
- 7) All 4 pages of this nomination form must be completed in order to be eligible for consideration for the nomination award.
- 8) Any missing information could result in the disqualification of the application.
- 9) This application will be considered for 1 year.

***ON BEHALF OF THE AMTA, WCB AND THE DRIVER SELECTION COMMITTEE, CONGRATULATIONS ON YOUR NOMINATION, AND THANKS FOR KEEPING ALBERTA'S COMMERCIAL INDUSTRY AND HIGHWAYS SAFE!!***

***BEST WISHES AND GOOD LUCK!!***

I hereby certify that I have had no preventable collisions or incidents in the past 2 years. I have read and qualify for nomination to this program according to AMTA's criteria as attached.

Furthermore, in the event that I am chosen as the Driver of the Month, I hereby give the Alberta Motor Transport Association permission to use my name, company name and photograph in various media as required such as the AMTA website, newsletter, Facebook, Twitter LinkedIn and all other media.

Candidate's Name (Print): \_\_\_\_\_  
Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the foregoing and any attachments to be true and accurate. I have enclosed a current copy of the driver's commercial abstract.

Employer's Name (Print): \_\_\_\_\_  
Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit completed application along with all relevant documentation to:  
[michaelp1@amta.ca](mailto:michaelp1@amta.ca) or by fax to (403) 243-4161***