

Selections are made quarterly.  
Deadline for all nominations for 2011 is November 30, 2011



## *Driver of the Month/Year Contest*

Sponsored by

*Wisconsin Council of Safety Supervisors*

Driver's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Children ? \_\_\_\_\_

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

Co. Address \_\_\_\_\_

Driver's Home Terminal \_\_\_\_\_ Supervisor \_\_\_\_\_

Type of equipment/Routes (Areas/part of U.S. where driver is experienced) \_\_\_\_\_

Currently City or Road Driver \_\_\_\_\_ Number of Years as a Driver \_\_\_\_\_

No. of Miles as City Driver \_\_\_\_\_ No. of Miles as Road Driver \_\_\_\_\_ Career No. of Miles \_\_\_\_\_

No. of times the driver has been inspected on the road by a State or Federal inspector in the past 3 years \_\_\_\_\_

Give details of any out of service due to such inspections \_\_\_\_\_

Nominated by \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

### **I. Driving Record with Sponsoring Employer**

A. Date Employed \_\_\_\_\_

B. Number of miles driven for your company \_\_\_\_\_

C. Number of Preventable Crashes \_\_\_\_\_

D. Number of Non-Preventable Crashes \_\_\_\_\_

*(Please submit details on all non-preventable crashes)*

E. Miles driven since last crash \_\_\_\_\_

List dates and offenses for all traffic citations in the last three years \_\_\_\_\_

\_\_\_\_\_

**II. Driving Record with other Employers**

- A. List all other companies driven for:
- B. Number of preventable crashes \_\_\_\_\_
- C. Number of non-preventable crashes \_\_\_\_\_

**III. Non-Commercial Driving Record**

Please list all dates and offenses for any traffic citations received in non-commercial driving.

**Contest Rules**

1. A driver should be nominated for a record of safe and courteous driving. (Please share any community activities, truck driving championship competition, and heroic or exceptional acts)
2. Only drivers employed by WMCA member companies are eligible.
3. All drivers must be domiciled or live in Wisconsin.
4. All drivers must be accident-free for the past year.
5. A copy of the current MVR record must be submitted.

**Return to:**  
**Wisconsin Motor Carriers Association**  
PO Box 44849  
Madison, WI 53744-4849  
(608) 833-8200 or fax (608) 833-2875

**Basis for Recommendation: *(Please attach additional sheets)***

- A. Sponsors Statement
- B. Record of Safe Driving
- C. Truck Driving Championships Participation
- D. Demonstrated Leadership Ability (on or off the job)
- E. Community Activities
- F. Heroic or Exceptional Acts

**The more information that is submitted with this form,  
the easier it is for the committee to make a selection. Thank you.**

**Please attach a photocopy of the current MVR.**

Signature of Company Official \_\_\_\_\_