

SDTA SAFETY MANAGEMENT COUNCIL

3801 S. Kiwanis Ave. - PO Box 89008 - Sioux Falls, SD 57109-9008

Phone: 605-334-8871 - Fax: 605-334-1938

DRIVER OF THE MONTH NOMINATION FORM

Please Print or Type (Rules on Back)

Date _____ Jacket Size _____

Name of Driver _____ Age _____

Marital Status _____ Spouse Name _____

Residence Address (in full) _____

Children & Ages _____

Name of Carrier _____

Home Terminal Address (in full) _____

Phone Number _____

Years Employed by Present Employer _____ Total Years Experience _____

Type of Equipment Operated

Truck _____ Tractor-Semitrailer _____ Doubles _____ Other _____

Type of Driving

Over the Road _____ City _____ Other _____

Total Mileage _____ Mileage with Present Employer _____

Total Number of Accidents: Chargeable _____ Dates _____

Non-Chargeable _____ Dates _____

Has your driver ever been selected as a driver of the month or year in South Dakota or any other state? _____ Yes _____ No
If yes, explain when and where _____

Participation in truck driving championships or other transportation related activities:

Basis of Nomination:

With this entry, company agrees to send their driver, if selected as Driver of the Month, to the South Dakota Trucking Association Annual Convention where driver will participate in a PERSONAL INTERVIEW. Selection of Driver of the Year will be made following ALL personal interviews. Drivers not being interviewed will not be eligible for Driver of the Year honors. Interview times will be scheduled Friday afternoon during the convention.

With this entry, company agrees to submit Driver of the Year Entry Form for National Competition if your driver is selected as South Dakota's Driver of the Year.

Nominated by _____ Title _____

Please attach supporting information and send to the South Dakota Trucking Association. Attach extra sheet if more space is needed.

Return to: SDTA Safety Management Council, PO Box 89008, Sioux Falls, SD, 57109-9008