



*Minnesota's Trucking Industry...  
So Much Depends on Us*

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Minnesota Trucking Association (MTA) Safety Council  
**Driver of the Month/Year Contest**

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### **Contest Rules**

1. All sections of the application must be completed.
2. A driver should be nominated for a record of safe and courteous driving. (Please share any truck driving championship competition and heroic or exceptional acts while on the job.)
3. The driver must have at least one year of experience with a current MTA member company.
4. All drivers must be domiciled or live in Minnesota.
5. All drivers must be accident-free for the past year.
6. A copy of the current MVR must be submitted with the application.
7. A company can nominate as many drivers for MTA Driver of the Month as it would like, however, no more than two drivers will be selected from one company per year.
8. A previously selected MTA Driver of the Month is not eligible for submission to the program for one year, and an MTA Driver of the Year must wait four years until he/she is eligible for submission as an MTA Driver of the Month.
9. If a driver has an accident during the year that they have been nominated as a Driver of the Month, the Safety Director must notify the MTA.

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### **Mail or fax all nomination materials to:**

Minnesota Trucking Association  
2277 Highway 36 West #302  
Roseville, MN 55113  
Phone: (651) 646-7351  
Fax: (651) 641-8995

# Minnesota Trucking Association (MTA) Safety Council Driver of the Month/Year Nomination Form

## DRIVER INFORMATION

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1. Driver Full Name \_\_\_\_\_ 2. Driver Birth Date \_\_\_\_\_
3. Address \_\_\_\_\_
4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Home Phone \_\_\_\_\_ 6. Driver's E-mail \_\_\_\_\_
7. Driver's License Number \_\_\_\_\_ 8. State of Issue \_\_\_\_\_

## CARRIER INFORMATION

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1. Carrier Name \_\_\_\_\_
2. Carrier DOT Number \_\_\_\_\_
3. Carrier Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Safety Director Name \_\_\_\_\_ 5. Safety Director Phone \_\_\_\_\_

## DRIVER BACKGROUND

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1. Date Began Driving Professionally \_\_\_/\_\_\_/\_\_\_ 2. Date Began Present Employment\Contract \_\_\_/\_\_\_/\_\_\_
3. Total Number of Years Driving a CMV (Current and Past Employers)\* \_\_\_\_\_  
**\*Do not count gaps between employers or time spent in a job that was non-driving – Only actual verifiable driving time.**
4. Total Miles Driven (OTR) or Hours Driven (City Driver) in Previous Calendar Year \_\_\_\_\_
5. Total Miles Driven (OTR) or Hours Driven (City Driver) at **Current Carrier** \_\_\_\_\_
6. Career Miles Driven (OTR) or Hours Driven (City Driver)\*\* \_\_\_\_\_  
**\*\*NOTE: The National Safety Council formula of 25,000 city hours = 1 million road miles will be used for mileage evaluations. A City/Local Driver traditionally stays within a 100-mile radius. Use combination of both if needed.**
7. Class of Vehicle:   • Straight Truck   • 3-Axle   • 4-Axle   • 5-Axle   • Twins   • Sleeper
8. Type of Equipment: • Van   • Reefer   • Grain   • End/Belly Dump   • Tanker   • Flat   • Other
9. Type of Driver:   • Local   • Long Haul   • Regional Haul   • Team

# Minnesota Trucking Association (MTA) Safety Council Driver of the Month/Year Nomination Form

## DRIVER SAFETY HISTORY (to be completed by Safety Director)

1. List all preventable and non-preventable (DOT and non-DOT recordable) accidents at past and current carriers (use extra paper if needed).

Date	Preventable?	Injuries/Deaths?	Location (State)	Description
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please Note:** Additional information may be required regarding any accidents.

2. List all traffic violations for the last 5 years, and all serious violations for the last 10-years (both CMV & personal vehicle). List any alcohol/drug related violations that have **ever** (CMV & personal) been received (use extra paper if needed).

Date	Location (State)	Violation (if speeding, show rate of speed)

3. List all DOT "Out of Service" inspection violations for the last 3 years – both driver and equipment violations (use extra paper if needed).

Date	Location (State)	Violation	Citation
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. List all safety awards received (including Driver of Month/Year and Truck Driving Championships placement).

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5. List classes/seminars for driver or vehicle safety that have been attended within the past 5 years (not including routine weekly/monthly company safety meetings).

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6. List any reported acts of courtesy or heroism on/off highway (attach validation letter).

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