



# Application

## Professional Driver of the Year Award

### Metro Transportation Category

Nominee: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Selection Factors:**

It is the intent of the Utah Safety Council to recognize a driver who, by past and future record, exemplifies the type of career driver who's high standards of conduct and ability are both an asset to themselves and a credit to the Motor Transportation Industry in the state of Utah. Outstanding deeds of heroism will be given due consideration. The major factors to be considered in selecting the driver to be so honored are:

**Other Selection Factors:**

- Loyalty and exceptional attitude toward employer and fellow employees
- Respect for, and care of employer's property and equipment
- Letters of commendation from the general public or from law enforcement agencies
- Good citizenship
- Good driving record
- Community service

**Years of Commercial Driving:** *(as of July 31, 2026, please estimate)*

Present Employer: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Previous Employers: \_\_\_\_\_ Years of Service: \_\_\_\_\_

**Total Miles in Commercial Driving:** *(as of July 31, 2026 please estimate)*

Present Employer: \_\_\_\_\_

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



*Professional Driver of the Year Award Application Continued*

**Driving Record:**

Years: \_\_\_\_\_ Miles: \_\_\_\_\_

Date of Last Crash: \_\_\_\_\_ Chargeable:  Yes  No

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and Description of Worst Crash: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Usual Run (please be specific): \_\_\_\_\_

Type of Equipment Regularly Operated:  
Truck: \_\_\_\_\_ Truck-Trailer: \_\_\_\_\_ Tractor-Trailer: \_\_\_\_\_ Other: \_\_\_\_\_

Please provide a short narrative of the nominee's qualifications and any recommendations that would assist in the consideration of the nominee. The narrative should include any applicable selection factors from page 1. (Attach separate narrative report if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information must be complete and accurate to ensure a proper evaluation of the nominee. Incomplete entry forms will not be considered. Membership with the Utah Safety Council is required to participate in this program.

Nominated by: \_\_\_\_\_  
Print Name Signature  
\_\_\_\_\_  
Title Date

**Entries must be received no later than  
July 23, 2026**

Utah Safety Council • Workplace Safety Awards Program  
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Please use "2026 AWARDS SUBMISSION" in the subject  
line UTAHSAFETYCOUNCIL.ORG