



Application

Professional Driver of the Year Award Long Haul 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 June 30, 2020, please estimate)*

Present Employer: _____ Years of Service: _____

Previous Employers: _____ Years of Service: _____

Total Miles in Commercial Driving: *(as of June 30, 2020 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
June 30, 2020**

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