

IDAHO DRIVER OF THE YEAR AWARD

Sponsored by Hub International

Administered by the Safety Awards Selection Committee Idaho Trucking Association 3405 East Overland Road/ Suite 175, Meridian, ID 83642

RULES:

- 1. The contest year is January 1, 2021, through December 31, 2021.
- 2. The contest is open to companies of all sizes including small owner/operators.
- 3. The driver must be employed by a member company of the Idaho Trucking Association.
- 4. Any member company may only nominate one applicant per contest year. <u>The driver must have been employed by their current employer for the entire</u> <u>contest year.</u>
- 5. The driver will be ineligible for this award if he/she has won within the last <u>three</u> contest years.
- 6. The winning driver will be nominated for ATA Driver of the Year Award.
- 7. The driver must be nominated for an outstanding deed of heroism or highway courtesy, for an outstanding contribution to highway safety, and/or for a long record of safe and courteous driving.
- 8. The driver can have no moving violations, crashes, or incidents within the contest period of **January 1, 2021, through December 31, 2021.**
- 9. A copy of the driver's current PSP (**pre-employment screening**) or **driving record** should be submitted with the application. The PSP or driving record will be used in conjunction with the application to verify accuracy.
- 10. Applications must be submitted on this official entry form and must be legible in order to be considered for the award.
- 11. The Safety Awards Selection Committee will use officially approved and established criteria to select the winner of the award.
- 12. Submissions are limited to this application, a 1–2-page narrative/synopsis of an experience, and a copy of the driving record or PSP. Additional documentation will not be considered.
- 13. Submission deadline is August 15, 2022.

<u>Mail to:</u>

ITA Safety Awards Selection Committee 3405 East Overland Road/Suite 175 Meridian, ID 83642

E-mail to: office@idtrucking.org

The award will be presented during the 89th Annual Convention Safety Awards Breakfast in Twin Falls.

CERTIFICATION AND AGREEMENT

As a nominee for the "Idaho State Driver of the Year" program, and to be eligible for the award offered to the winner, I hereby certify:

- 1. All of the statements contained in the material in support of my nomination for the "Idaho Driver of the Year" award are true.
- 2. I will conduct myself in such a way as to protect and maintain the high status of the title "Idaho Driver of the Year" and I agree that the title may not be used in any advertising, promotion or exhibiting except those sanctioned in writing by the ITA Safety Awards Selection Committee.

Nominee's Signature

Date

As a company official, I certify:

- 1. All statements contained in, and the material submitted herewith for this Idaho Driver of the Year nomination have been investigated and reviewed by representatives of this company, and are submitted in accordance with the rules set forth for the ITA/SMC "Idaho Driver of the Year" program.
- 2. The top three qualified nominees will be invited to attend the annual convention, including all meetings and events. Our company agrees to pay lodging and travel expenses for the applicant/nominee and their spouse. ITA agrees to waive the registration fee for the nominee and their spouse to attend the convention.

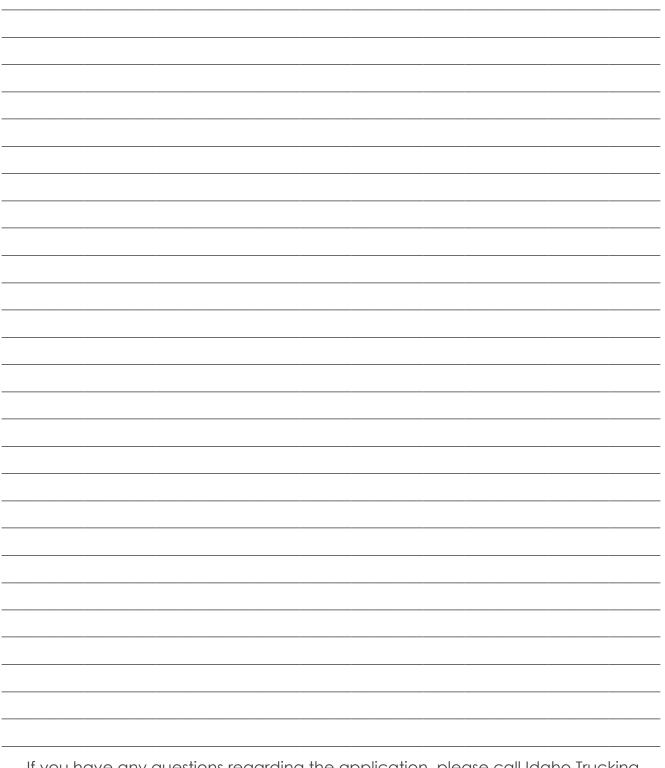
Signature of Company Officer	Print Name	Date	
Reviewed by: (ITA Office use only)			
Signature		Date	
Signature		Date	
IDAHO DRIVER OF THE	YEAR AWARD CAND	IDATE INFORMATION	
Name:			
Home Address:			
Present Employer:			
Home Office Address:			
Your Terminal Address:			
Year of Commercial Driving:			
Present Employer:	Previous Emp	Previous Employer:	
Total Mileage in Commercial Drivi	ng:		
Present Employer:	Previous Emp	oloyer:	
Is there a driver PSP and/or driving	record attached?	Yes No	

Please circle preferred shirt size: XS S M L XL XXL XXXL XXXL

Please disclose any crashes/incidents/moving violations within the eligibility period: (regardless
of fault)
Normal route of operation: (long haul/short haul)
Type of equipment routinely operated:
Certificates/Awards/Recognitions:
State Truck Driving Championships: (list state, date, placement/prizes, and company of employment at the time)
National Truck Driving Championships: (list state, date, placement/prizes, and company of employment
at the time)
Military Record:
Branch of Service: Dates:
Principal Duties:
Campaigns and Citations:
Memberships to Lodges, Clubs, Associations or Organizations: (please list positions and year(s) held)
Volunteer experience and/or community involvement/hobbies or other activities:

IDAHO DRIVER OF THE YEAR AWARD NARRATIVE

Outline in detail the driver's experience such as exceptional help to motorists, help at scene of accident, life saving or heroic efforts, etc.:



If you have any questions regarding the application, please call Idaho Trucking Association at 208.342.3521 or e-mail <u>office@idtrucking.org</u>.

THANK YOU FOR YOUR NOMINATION, WE WISH YOU THE BEST OF LUCK!