



GEORGIA DRIVER OF-THE-YEAR

The Safety Management Council is accepting nominations for the 2012 Georgia Driver of-the-Year, one of the most prestigious awards your driver can win. Nominating one of your drivers for this honor is an excellent way to recognize a top performer and to promote goodwill among your drivers and their co-workers.

The 2012 Georgia Driver of-the-Year will be recognized at the Safety Council's Awards Banquet at the conclusion of the Georgia Truck Driving Championship on May 12. The winner will receive a distinctive trophy, a cash award and recognition at the GMTA Convention in June.

Basis for nomination includes the driver's safety record, years of experience, documented acts of courtesy or heroism, contributions to highway safety, letters of commendation, and any other information relating to his/her professionalism.

Any driver is eligible that resides in and/or is domiciled in Georgia, and whose employer is a motor carrier member of the Georgia Motor Trucking Association. Nominations are limited to one driver per company.

Please complete the enclosed registration form and return it as soon as possible. We urge your participation in this important driver-recognition program.

NOMINATION DEADLINE: April 6, 2012

**GEORGIA DRIVER OF-THE-YEAR
2060 FRANKLIN WAY, SUITE 200
MARIETTA, GEORGIA 30067
PHONE: (770) 444-9771 / FAX: (770) 444-9442**

DRIVER INFORMATION SHEET – 2012 GEORGIA DRIVER-OF-THE-YEAR

(PLEASE TYPE OR PRINT INFORMATION)

DEADLINE: April 6, 2012

FULL NAME:

(First) (Middle) (Last)

HOME ADDRESS:

MARRIED: NO YES SPOUSE'S NAME: _____

CHILDREN (Names & Ages) _____

EMPLOYER: _____ # YEARS _____

SUPERVISOR'S NAME: _____ PHONE: () _____

Home Terminal Address: _____

YEARS OF COMMERCIAL DRIVING: *Present Employer* _____ *Previous Employer* _____

OR

TOTAL MILEAGE OF COMMERCIAL DRIVING:

Present Employer _____ *Previous Employer(s)*: _____

SAFE DRIVING RECORD: TOTAL MILES _____ **OR** YEARS _____

TOTAL ACCIDENTS (if any): *Present Employer* _____ *Previous Employer(s)* _____

DATE OF LAST PREVENTABLE ACCIDENT (*Present Employer*): _____

DATE OF LAST NON-PREVENTABLE ACCIDENT (*Present Employer*): _____

MOVING VIOLATIONS (List All): _____

TYPE OF EQUIPMENT REGULARLY OPERATED:

Straight Truck Tractor/Trailer Other - Describe: _____

USUAL RUN: Local Peddle Line-Haul

LETTERS of commendation, acts of heroism, etc: (Unsolicited, supported by copies of letters)

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PERSONAL SAFETY RECORD: _____

PUBLIC & CUSTOMER RELATIONS: _____

EMPLOYER/EMPLOYEE RELATIONS: _____

ACCEPTANCE OF RESPONSIBILITY: _____

CARE OF EQUIPMENT: _____

CONTROL OF O.S. & D. & FREIGHT HANDLING: _____

WORK ETHIC: (Attitude, attendance, etc.) _____

Thank you for furnishing this information. To complete the application process, please enclose the following:

- **A photocopy (front & back) of your driver's license showing your name and/or signature, class and endorsement(s).**
- **A current copy of your motor vehicle and driving record from Georgia DDS.**
- **A recent 2" x 3" (or larger) Head and Shoulder Photograph.**
- **The name of your hometown newspaper (including city and nearest city to your hometown).**



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