

**IMTA Safety and Maintenance Council**

**MAINTENANCE TECHNICIAN OF THE QUARTER**

**2020 Awards Nomination Form**

**SPONSORED BY LINCOLN COLLEGE OF TECHNOLOGY**

Nominee’s Name: Company: Address: City: State: Zip: E-Mail: Supervisor:

Nominated By: Company: Address: City: State: Zip: E-Mail: Phone: Fax:

*Please complete each question in 100 words or less. Feel free to use additional paper.*

*A Technician of the Quarter will be named for each of the four quarters in the previous calendar year. Entry Deadline March 5th.*

NOMINEE MUST BE ABLE TO ATTEND SMC AWARDS BANQUET.

1. **In your own words, why are you nominating this person for IMTA Technician of the Quarter?**

\_

1. **In what ways has this technician contributed to the betterment of his/her co-workers?**
2. **List innovative methods, new procedures, new tooling, modified tooling or time saving ideas that this technician has suggested or put in place:**

\_

1. **List any qualifications or certifications that the technician has obtained:**
2. **List the characteristics that enhance the professionalism of this technician:**
3. **In what ways has this technician contributed to the profession?**

WALK-UP SONG CHOICE (SONG & ARTIST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required at time of nomination.

COMPLETED NOMINATIONS SHOULD BE SENT VIA EMAIL, MAIL OR FAX TO:

Indiana Motor Truck Association Safety and Maintenance Council

1 North Capitol Ave Suite 460 Indianapolis, IN 46204   
Phone: 317-660-2461 ~ Fax 317-630-0072

[info@intrucking.org](mailto:info@intrucking.org)