



IMTA Safety and Maintenance Council  
MAINTENANCE TECHNICIAN OF THE QUARTER  
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.*

**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In what ways has this technician contributed to the betterment of his/her co-workers?

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3. List innovative methods, new procedures, new tooling, modified tooling or time saving ideas that this technician has suggested or put in place:

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4. List any qualifications or certifications that the technician has obtained:

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5. List the characteristics that enhance the professionalism of this technician:

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6. In what ways has this technician contributed to the profession?

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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)**